

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107170

FILED  
Apr 26, 2010  
Secretary of State

Entity Name: WELL CARE MEDICAL ASSOCIATES, P.A.

## Current Principal Place of Business:

8011 N HIMES AVENUE  
4  
TAMPA, FL 33614 US

## New Principal Place of Business:

## Current Mailing Address:

8011 N HIMES AVENUE  
4  
TAMPA, FL 33614 US

## New Mailing Address:

FEI Number: 54-2178893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JEAN-BAPTISTE, YVROSE  
8011 N HIMES AVENUE  
4  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS  
Name: JEAN-BAPTISTE, YVROSE  
Address: 8011 N HIMES AVENUE #4  
City-St-Zip: TAMPA, FL 33614

Title: PTD  
Name: JEAN-BAPTISTE, YVES N  
Address: 8011 N HIMES AVENUE #4  
City-St-Zip: TAMPA, FL 33614

Title: D  
Name: JEAN-BAPTISTE, CONSUELO  
Address: 8011 N HIMES AVENUE #4  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEAN-BAPTISTE, YVROSE

VS

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date