

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000026745

Entity Name: WELL-CARE PHARMACY, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

18016 SW 26 CT
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

6714 PINES BLVD
PEMBROKE PINES, FL 33025

New Mailing Address:

1933 W 68TH ST
HIALEAH, FL 33014

FEI Number: 20-4356331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUERO, ANGELICA
18016 SW 26TH CT.
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

RIVERON, CARY
18016 SW 26TH CT.
MIRAMAR, FL 33029 US

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: CARY RIVERON

04/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: RIVERON, CARIDAD
Address: 18016 SW 26TH CT.
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARY RIVERON

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date