

SEP 11 2006

P.01

PO6000116631

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : WELLCARE HEALTH PLANS, INC.  
Account Number : I20050000188  
Phone : (813) 290-6226  
Fax Number : (813) 290-6210

COR AMND/RESTATE/CORRECT OR O/D RESIGN

HARMONY BEHAVIORAL HEALTH INSURANCE, INC.

Certificate of Status	0
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September 11, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARMONY BEHAVIORAL HEALTH INSURANCE, INC.  
8735 HENDERSON RD REN: 2  
TAMPA, FL 33634

SUBJECT: HARMONY BEHAVIORAL HEALTH INSURANCE, INC.  
REF: P06000116631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The conflict is P05000111327.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

FAX Aud. #: H06000224894  
Letter Number: 606A00054713

RECEIVED

06 SEP 11 AM 8:00

DIVISION OF CORPORATIONS



Rebecca Neal  
Legal Specialist

WellCare Health Plans, Inc.  
The WellCare Group of Companies

September 11, 2006

VIA FACSIMILE 850-205-0381

Attn: Tracy Smith  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: **Harmony Behavioral Health Insurance, Inc.**  
**Document no. P06000116631**

Dear Ms. Smith:

I am contacting you in response to Letter Number 606A00054713 regarding the Articles of Correction submitted for the above referenced entity. Please note that Harmony Behavioral Health Insurance, Inc. and the entity named in the Articles of Correction (Harmony Behavioral Health of Florida, Inc.) are commonly held by the same sole shareholder.

We are requesting use of the requested name as provided in the Articles of Correction. Please do not hesitate to contact me at the below referenced numbers if you have any questions or comments. Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink that reads 'Rebecca Neal'.

Rebecca Neal

8735 Henderson Road, Rm. 2  
Tampa, Florida 33634

Telephone: 813-290-6226  
Fax: 813-865-6799

[Rebecca.Neal@wellcare.com](mailto:Rebecca.Neal@wellcare.com)

WELLCARE OF FLORIDA, INC.  
HEALTHCARE OF FLORIDA, INC.  
WELLCARE OF NEW YORK, INC.  
WELLCARE OF CONNECTICUT, INC.  
WELLCARE OF LOUISIANA, INC.  
WELLCARE OF GEORGIA, INC.  
WELLCARE OF OHIO, INC.  
WELLCARE PRESCRIPTION INSURANCE, INC.  
HARMONY HEALTH PLAN OF ILLINOIS, INC.  
HARMONY HEALTH PLAN OF INDIANA, INC.  
HARMONY BEHAVIORAL HEALTH, INC.  
COMPREHENSIVE HEALTH MANAGEMENT, INC.  
COMPREHENSIVE REINSURANCE, LTD.

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# ARTICLES OF CORRECTION

for

Harmony Behavioral Health Insurance, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

P06000116631

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation  
(Document Type Being Corrected)

filed with the Department of State on 09/08/06  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article One specifies an incorrect name for the entity.

Correct the inaccuracy, incorrect statement, or defect:

Corrected Article One should read:

The name of this corporation is: Harmony Behavioral Health of Florida, Inc.



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Thaddeus Bereday

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

((H06000224894 3)))

Filing Fee: \$35.00