2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# P07000060434

Entity Name: WELLCARE DIABETIC & MEDICAL SUPPLIES, CORP.

Current Principal Place of Business:

12491 SW 134 CT BAY 22
MIAMI, FL 33186

New Principal Place of Business:

28400 S.DIXIE HWY
HOMESTEAD, FL 33033

Current Mailing Address:

12491 SW 134 CT BAY 22
MIAMI, FL 33186

New Mailing Address:

P.O.BOX 831225
MIAMI, FL 33283

FEI Number: 26-0392807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASULTO, ELA C
12491 SW 134 CT BAY 22
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

BASULTO, ELA C
28400 S.DIXIE HWY
HOMESTEAD, FL 33033 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: ELA C.BASULTO 01/11/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BASULTO, ELA C
Address: 12491 SW 134 CT BAY 22
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BASULTO, ELA C
Address: 28400 S.DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33033

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: ELAC.BASULTO P 01/11/2008
Electronic Signature of Signing Officer or Director Date