

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000060434

FILED
Mar 13, 2008
Secretary of State**Entity Name:** WELLCARE DIABETIC & MEDICAL SUPPLIES, CORP.**Current Principal Place of Business:**28400 S.DIXIE HWY
HOMESTEAD, FL 33033**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 831225
MIAMI, FL 33283**New Mailing Address:****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
28400 S.DIXIE HWY
HOMESTEAD, FL 33033 US**Name and Address of New Registered Agent:**BASULTO, ALEXIS M
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: ALEXIS M. BASULTO

03/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: BASULTO, ELA C
Address: 28400 S.DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33033**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: BASULTO, ALEXIS M
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: ALEXIS M. BASULTO

P

03/13/2008

Electronic Signature of Signing Officer or Director

Date