

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040405

FILED
May 03, 2010
Secretary of State

Entity Name: WELL CARE MEDICAL CENTER CORP

Current Principal Place of Business:

8260 W FLAGLER ST.
STE 2B
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8260 W FLAGLER ST.
STE 2B
MIAMI, FL 33144

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SUAREZ, SAILY
13723 SW 36 ST
MIAMI, FL 33175 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

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: P
Name: SUAREZ, SAILY
Address: 13723 SW 36 ST
City-St-Zip: MIAMI, FL 33175

Title: V
Name: MARQUEZ, LIVIA
Address: 965 WEST 79 PL
City-St-Zip: HIALEAH, FL 33014

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: SAILY SUAREZ

P

05/03/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date