

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000015220

Entity Name: WELLCARE PHARMACY SERVICES, INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

5633 AUTUMM SHIRE DRIVE  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

13733 NORTH US HWY 441  
LADY LAKE, FL 32159

**Current Mailing Address:**

5633 AUTUMM SHIRE DRIVE  
ZEPHYRHILLS, FL 33541

**New Mailing Address:**

13733 NORTH US HWY 441  
LADY LAKE, FL 32159

FEI Number: 27-1961714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, J. PATRICK  
2200 FRONT STREET STE 301  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

PATEL, ALPESH  
13733 NORTH US HWY 441  
LADY LAKE, FL 32159 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: ALPESH PATEL

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PATEL, ALPESH  
Address: 13733 NORTH US HWY 441  
City-St-Zip: LADY LAKE, FL 32159

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: ALPESH PATEL

D

04/21/2011

Electronic Signature of Signing Officer or Director

Date