

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000048621

**Entity Name:** WELLCARE THERAPEUTIC, INC.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

118 W 35TH ST  
HIALEAH, FL 33012

**New Principal Place of Business:**

3750 W 16TH AVE # 238-U  
HIALEAH, FL 33012

**Current Mailing Address:**

118 W 35TH ST  
HIALEAH, FL 33012

**New Mailing Address:**

3750 W 16TH AVE # 238-U  
HIALEAH, FL 33012

**FEI Number:** 27-2811200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, STEPHANIE  
118 W 35TH ST  
MIAMI, FL 33193 US

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

ARCE, ANIER E  
3750 W 16TH AVE # 238-U  
MIAMI, FL 33012 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: ANIER E ARCE

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARCE, ARNIER E  
Address: 3750 W 16TH AVE # 238-U  
City-St-Zip: HIALEAH, FL 33012

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: ANIER E ARCE

P

01/13/2011

Electronic Signature of Signing Officer or Director

Date