

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000055712 (1)

1. Corporation Name

WELCOMECARE HEALTH PLAN, INC.

Principal Place of Business

801 6TH ST. SOUTH
ST. PETERSBURG FL 33701

Mailing Address

801 6TH ST. SOUTH
ST. PETERSBURG FL 33701



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOUGHTON, BETH
801 6TH ST. SOUTH
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

02/07/1995

4. FEI Number

59-3268329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MALLAH, ISAAC
STREET ADDRESS 3003 WEST ML KING BLVD
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE DS
NAME BERGERON, MICHELLE
STREET ADDRESS 323 JEFFORDS STREET
CITY-ST-ZIP CLEARWATER FL ☒ DELETE

TITLE D
NAME LIPTON, RON
STREET ADDRESS 2226 13TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

TITLE DV
NAME HEINZ, DONALD J
STREET ADDRESS 701 6TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE DC
NAME HOUGHTON, BETH
STREET ADDRESS 801 6TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE DT
NAME BELT, JUDITH
STREET ADDRESS 3003 WEST ML KING BLVD
CITY-ST-ZIP TAMPA FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Robert I. Siver
1.3 STREET ADDRESS 801 Sixth Street South
1.4 CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Astrid Ellis
2.3 STREET ADDRESS 1310 22nd Avenue So.
2.4 CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Stephen Harris
3.3 STREET ADDRESS 323 Jeffords St.
3.4 CITY-ST-ZIP Clearwater, FL 33716 ☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME Diane Kazmierski
4.3 STREET ADDRESS 701 Sixth Street So.
4.4 CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(813)892-4400

Date

Daytime Phone #

CR2E034 (12/95)