

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000055712 (1)**

1. Corporation Name

**WELCOMECARE HEALTH PLAN, INC.**

Principal Place of Business

Mailing Address

**17757 US HWY 19 NORTH  
STE 100  
CLEARWATER FL 34624**

**17757 US HWY 19 NORTH  
STE 100  
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/26/1994**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 <b>17757 US Hwy 19N.</b>	26 <b>17757 US Hwy 19N.</b>
22 Suite, Apt. #, etc. <b>Suite 100</b>	27 Suite, Apt. #, etc. <b>Suite 100</b>
23 City & State <b>Clearwater, FL</b>	28 City & State <b>Clearwater, FL</b>
24 Zip <b>33764</b>	29 Zip <b>33764</b>
25 Country <b>US</b>	30 Country <b>US</b>

9. Name and Address of Current Registered Agent

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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PAYNE, TRACY</b>	
STREET ADDRESS	<b>1310 22ND AVE S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GINGER, LAY</b>	
STREET ADDRESS	<b>323 JEFFORDS ST</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOUGHTY, STEPHANIE</b>	
STREET ADDRESS	<b>701 6TH STREET S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANTOLIK, JEFF</b>	
STREET ADDRESS	<b>3003 W. M.L. KING BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>HOUGHTON, BETH</b>	
STREET ADDRESS	<b>801 6TH ST. SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KAZMIERSKI, DIANE</b>	
STREET ADDRESS	<b>701 6TH ST S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<b>D - VC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Mike Aubin</b>	
2.3 STREET ADDRESS	<b>3001 W. Dr. MLK Blvd.</b>	
2.4 CITY-ST-ZIP	<b>Tampa FL 33607</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

2/24/98

(813) 892 4400

CR2E034 (10/97)