

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90046 039 ***150.00

DOCUMENT # P94000055712

1. Corporation Name

WELCOMECARE HEALTH PLAN, INC.

Principal Place of Business

17757 US HWY 19N
SUITE 100
CLEARWATER FL 33764
US

Mailing Address

17757 US HWY 19 NORTH
SUITE 100
CLEARWATER FL 34624
US

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 **33764** 30

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

Chuck Wray

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

17757 U.S. Hwy. 19 N., Suite 100

83

84 City

Clearwater

FL

85 Zip Code

33764

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

Chuck Wray

1/21/99

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 ☐ DELETE
NAME **D PAYNE, TRACY**
STREET ADDRESS **1310 22ND AVE S.**
CITY-ST-ZIP **ST. PETERBURG FL**

TITLE ☐ DELETE
NAME **DVC AUBIN, MIKE**
STREET ADDRESS **3001 W DR. MLK BLVD**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ DELETE
NAME **D DOUGHTY, STEPHANIE**
STREET ADDRESS **701 6TH STREET S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ DELETE
NAME **TD ANTOLIK, JEFF**
STREET ADDRESS **3003 W. M.L. KING BLVD**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ DELETE
NAME **D KAZMIERSKI, DIANE**
STREET ADDRESS **701 6TH ST S**
CITY-ST-ZIP **ST PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33705**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **C**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D Gary Carnes**
3.3 STREET ADDRESS **801 6th St. S.**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33701**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TD Dana Holder**
4.3 STREET ADDRESS **3003 W MLK Blvd., 4th Floor**
4.4 CITY-ST-ZIP **Tampa, FL 33607**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Bob Thornton**
5.3 STREET ADDRESS **701 6th St. S.**
5.4 CITY-ST-ZIP **St. Petersburg, FL 33701**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **3003 W. MLK Blvd., 4th Floor**
6.4 CITY-ST-ZIP **Tampa, FL 33607**

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, with all other like empowered.

SIGNATURE:

Michael R. Harris

1/21/99

(813) 870-4020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)