

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055712

1. Entity Name

WELCOMECARE HEALTH PLAN, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90027 003 ***150.00

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 33764-6563
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3268329**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRAY, CHUCK
17757 US HWY 19N
STE 100
CLEARWATER FL 33764

Name John K. Vrebas
Street Address (P.O. Box Number is Not Acceptable)
17757 US Hwy 19N
STE 100
City Clearwater FL Zip Code 33764

8. 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 [Signature] BuyCare Health Network CEO/President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE, TRACY	
STREET ADDRESS	1310 22ND AVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	C	<input type="checkbox"/> Delete
NAME	AUBIN, MIKE	
STREET ADDRESS	3001 W DR. MLK BLVD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNES, GARY	
STREET ADDRESS	801 6TH ST S	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLDER, DANA	
STREET ADDRESS	3003 W MLK BLVD 4TH FL	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNTON, BOB	
STREET ADDRESS	701 6TH ST S	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAZMIERSKI, DIANE	
STREET ADDRESS	3003 W MLK BLVD 4TH FL	
CITY-ST-ZIP	TAMPA FL 33607	

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

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/17/00 Daytime Phone # (813) 870-4020

CR2E034 (9/99)