

2000 UNIFORM BUSINESS REPORT (UBR)

1-2

DOCUMENT # P97000042911

1. Entity Name
WELLMED, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -11 AM 11:28

Principal Place of Business

1435 CORONA LANE
VERO BEACH FL 32963

Mailing Address

1435 CORONA LANE
VERO BEACH FL 32963

2. Principal Place of Business

2205 Silver Sands Ct

3. Mailing Address

2205 Silver Sands Ct



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL USA

City & State

Vero Beach, FL USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THACKER, J. RUSSELL
1601 20TH STREET
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required on 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 \$550.00
After SEPTEMBER 13, 2000 Min will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	CRAWFORD, KIMBERLY MD	2205 SILVER SANDS COURT	VERO BEACH FL 32963	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

400003430024--0
-10/19/00--01079-013
****150.00 ****150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like employer.

SIGNATURE:

Kimberly Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00
Date

Daytime Phone #

September 8, 2000

Dear Ms. Harris,

I am a female business owner in Florida, who went through a relationship transition, and as a result, my mail has not reached me promptly, when documents were sent to the original address, after the forwarding period from the postal service lapsed.

Since I also own another business, Advanced WellCare Group, when I signed the check for THAT business (which went to its proper address), I didn't think to check on the WellMed business, which I know was an oversight, on my part.

I just received (yesterday)-the bill, adding a \$400 penalty, for something I guarantee I would have most certainly paid on time.


My business manager (Kathy) spoke to a very nice young woman in your office (Cynthia), who told her that it was up to your discretion to grant me a dispensation. I am not sure if you're involved in the Florida Dept of Health/Dept. of Education summit called "Get Healthy" on 10/2/00-but if you are, I will be able to thank you profusely in person, if you will accept payment of \$150, without the added penalty.

Thank you so very much for your consideration.

Very sincerely yours,

Kim Crawford

Kimberly Crawford, M.D.

WELLMED, INC. 1435 CORONA LN. PH. 561-562-9602 VERO BEACH, FL 32963		53-8419 2670 2600001088570	278
PAY TO THE ORDER OF <i>Dept. of State</i>		DATE <i>9/8/00</i>	<i>\$150.00</i>
<i>one hundred & fifty & 00/100</i>		100 DOLLARS	
 Harbor Federal FT. PIERCE, FLORIDA 34950-4393		<i>Kim Crawford</i>	
MEMO			
⑆ 267084199⑆ 2600001088570⑆ 0278			