

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000001871

Entity Name: WELLCARE HEALTH GROUP, LLC

Current Principal Place of Business:

327 W LANTANA RD
SUITE: WELLCARE
LANTANA, FL 33462

Current Mailing Address:

327 W LANTANA RD
SUITE: WELLCARE
LANTANA, FL 33462 US

FEI Number: 83-3026480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICOLE J. HUESMANN, P.A.
150 ALHAMBRA CIRCLE
STE 1150
CORAL GABLES, FL 33134 US

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: NICOLE J. HUESMANN

03/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SANZ, CARMEN	Name	JABER, TALIB
Address	327 W LANTANA RD SUITE: WELLCARE	Address	327 W LANTANA RD SUITE: WELLCARE
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JABER , TALIB

MGR

03/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date