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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 01/01/2006
 2. House Identification Number 31595 Senate Identification Number 16896

REGISTRANT

3. Registrant name Greenberg Traurig, LLP
 Address 800 Connecticut Avenue, NW Suite 500
 City Washington State DC Zip 20006 USA
 4. Principal place of business (if different than line 3)
 City _____ State _____ Zip _____
 5. Telephone number and contact name
202-331-3133 Contact Ms. Nancy E. Taylor E-mail taylor@gtlaw.com
 6. General description of registrant's business or activities
Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client name Wellcare Health Plans, Inc.
 Address 8735 Henderson Road, Room 2
 City Tampa State FL Zip 33637 USA
 8. Principal place of business (if different than line 7)
 City _____ State _____ Zip _____
 9. General description of client's business or activities
Managed Care

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first becoming a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Nancy E. Taylor	
Eleanor Kolton	
Gregory J. McDonald	
Holly Rocco	
Max Sandlin	Member, U.S. House of Representatives

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Registrant Name Greenberg Traurig, LLP

Client Name Wellcare Health Plans, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

 HCR MMM _____

12. Specific lobbying issues (current and anticipated)

Medicare and Medicaid

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes acti the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ov per ir

Signature *Christine Schaut*

Date 2/14/2006

Printed Name and Title Christine Schaut - Business Director

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