

858019

Health Plans, Inc.



P.O. Box 15100  
Worcester, MA 01615  
508\*752\*2480  
800\*343\*7674  
508\*754\*9664 fax

July 21, 1999

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

FILED  
99 JUL 26 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed you will find a completed withdrawal application, along with our Check # 10988 for \$52.50. The fee covers:

- Filing Fee
- Certified Copy of Withdrawal
- Certificate of Status

If you have any questions, Please feel free to contact me at (508)-752-2480 ext. 179.

Thank you  
Health Plans Inc.

Joan H. Recore  
Corporate Services Manager

000002941750--8  
-07/26/99--01142--022  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

Withdr.

V. SHEPARD JUL 30 1999

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA**

99 JUL 26 AM 9: 04  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Health Plans, Inc.  
\_\_\_\_\_  
(Name of Corporation)

Massachusetts  
\_\_\_\_\_  
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

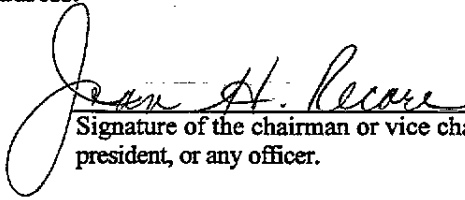
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

100 Front Street Suite 600  
\_\_\_\_\_  
(Mailing Address)

Worcester MA 01608  
\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
Signature of the chairman or vice chairman of the board, president, or any officer. Corp. Services Manager  
Title

Joan H. Recore  
\_\_\_\_\_  
Typed or printed name

07/20/99  
\_\_\_\_\_  
Date