L04000036856

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Florida Health Plan Administrators, LLC

2. The mailing address of the limited liability company is:
300 S. Park Road, Hollywood, FL 33021
5/14/2004 L04000036856
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip
CT Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Gerald M. Cohen, Esq. Name 300 S. Park Road Florida description of the company o
Gerald M. Cohen, Esq.
Name
300 S. Park Road
Fiorida street address (P.O. Box NOT acceptable)
Florida succi addiess (F.O. Dox NOT acceptable)
Hollywood, FL 33021
Hollywood, FL 33021 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote the members of the limited liability company or as otherwise provided in the articles of organization or the orienting agreement of the limited liability company. (Signature of a member or authorized representative of a member)
Steven M. Scott, Manager (Printed or typed name of signee)
• • •
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I im limitar with and accept the obligations of my position as registered agent as provided for in Chapter 618, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Gerald M. Cohen
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
NHS18(10/99) FILING FEE: \$25.00