

LD4000036856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

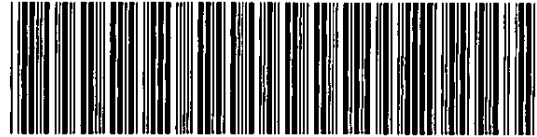
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS
JUL 14 2008
EXAMINER

Office Use Only



200130520042

06/23/08--01033--008 **35.00

FILED
08 JUL 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA



SIGNATURE
INFORMATION SOLUTIONS

300 Phillips Blvd., Trenton, NJ 08618
(PO Box 8787, Trenton, NJ 08650-0787)
Tel: 800-848-0489/Fax: 866-235-6274
www.signatureinfo.com

FILING TRANSMITTAL FORM

STATE: FL

To: Florida Secretary of State
Division of Corporations
Po Box 6327
Tallahassee, FL 32314

Date: June 17, 2008

From: April Brady

Job# 103358/AB

Entity Name/s:

- 1.) Florida Health Plan Administrators, LLC
- 2.) Carefree Insurance Services, Inc.
- 3.) Summit Health Plan, Inc.
- 4.) Vista HealthPlan, Inc.
- 5.) Vista HealthPlan of South Florida, Inc.
- 6.) Vista Insurance Plan, Inc.

Please file the attached Statements of Change of Registered Office and Registered Agent, returning a customary file stamped copy to my attention in the enclosed self-addressed, stamped envelope. Or if you wish not to use the provided return envelope, please mail to:

April Brady
Signature Information Solutions LLC
300 Phillips Blvd.
Trenton, NJ 08618

Also enclosed are our checks in the amount of \$35.00 each to cover the filing fee of each of the enclosed.

Thank you for your assistance in this matter, and if you have any questions or there are problems with this filing please contact me at 800-792-8888, ext. 5444.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2008

APRIL BRADY
300 PHILLIPS BLVD.
TRENTON, NJ 08618

SUBJECT: FLORIDA HEALTH PLAN ADMINISTRATORS, LLC
Ref. Number: L04000036856

We have received your document for FLORIDA HEALTH PLAN ADMINISTRATORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 208A00038527

