## LD4000036856

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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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

- 1.) Florida Health Plan Administrators, LLC
- 2.) Carefree Insurance Services, Inc.
- 3.) Summit Health Plan, Inc.

**Entity Name/s:** 

- 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.

Letter Number: 208A00038527

Leslie Sellers Regulatory Specialist II

Division of Comparations D.O. DOV 6997 Wellshammer Florida 99914

## 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: 6705 Rockledge Drive, Bethesda, MD 20817 .		
5/14/2004	L04000036856	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Department of State:	stered office address as shown on the records of the	
Gerald M. Cohen, Esq.		
	Name	
1340 Concord Terrace		
0 1 Et 00000	Address	
Sunrise, FL 33323 City,	State and Zip	
6. The name and address of the new registered a	gent and/or office:	
NRAI Services, Inc.		
	Name	
2731 Executive Park Dr	rive, Suite 4	
Florida street address	s (P.O. Box NOT acceptable)	
Weston	FL 33331	
City, S	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 of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member	er)	
Fair	<u>⊐</u> ™ <b>Ξ</b> 🔂	
G. Kenneth Robinson, III - Asst. Treas. (Printed or typed name of signee)		
Signature of Registered Agent) B. April Brady, Asst. Secty.  Division of Corporations, P.	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in lied to merely reflect a change in the registered office y company has been notified in writing of this change.  O. Box 6327, Tallahassee, FL 32314	
FILING FEE: \$25.00		