

2/27/2015 10:04:00 From: To: 8506176380

Division of Corporations

**L04000036854** (1/8)  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
FLORIDA HEALTH PLAN ADMINISTRATORS, LLC**

Certificate of Status	0
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Health Plan Administrators, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Finch  
Name of Person

Aetna Inc.  
Firm/Company

151 Farmington Ave.  
Address

Hartford, CT 06156  
City/State and Zip Code

dfinch@aetna.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Finch at ( 301 ) 581-5409  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

INHS18 (2/14)

