

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
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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15 FEB 27 AM 11:02
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

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)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: Florida Health Plan Administrators, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

3. 5/14/2004
Date of filing/registration in Florida

4. L04000036856
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI Services
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 South Pine Island Road
Plantation, FL 33324

(b) CT Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

FILED
15 FEB 27 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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.

N. Natasha Redding
Signature of a member or authorized representative of a member

N. Natasha Redding
Printed or typed name of signor

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

Leaura M. [Signature]
Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00