

ND2488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

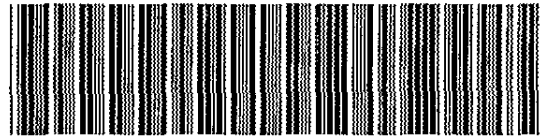
(Document Number)

Certified Copies _____ Certificates of Status _____

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corp. dissolved.
SP*



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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chg.
SP*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Health Choice, Inc.
(Name of corporation)

DOCUMENT NUMBER: N02488

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carla L. Brown Harward, Esquire
(Name of person)

Carla L. Brown Harward, P.A.
(Name of firm/company)

105 South Narcissus Avenue, Suite 612
(Address)

West Palm Beach, FL 33401
(City/state and zip code)

For further information concerning this matter, please call:

Carla L. Brown Harward at (561) 832-3122
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Law Offices of
CARLA L. BROWN HARWARD
A Professional Association

**105 South Narcissus Avenue, Suite 612
West Palm Beach, Florida 33401**

Telephone: (561) 832-3122
Fax: (561) 832-3119

June 12, 2003

PERSONAL AND CONFIDENTIAL

Ms. Susan Payne
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Florida Health Choice, Inc. - Change of Registered Agent

Dear Susan:

Enclosed please find an original Statement of Change of Registered Office or Registered Agent or Both For Corporations, your required Transmittal Letter and my firm's check #11172 for \$35.00. As you discussed with my assistant, Beth last week, please change your records to reflect me as the current Registered Agent for Florida Health Choice, Inc. Thank you so much for your help and should you have any questions, please do not hesitate to call.

Sincerely yours,



Carla L. Brown Harward

CLBH/bb
Enclosure

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Florida Health Choice, Inc.
- 2. The principal office address: 12204 Clifton Spring
Clifton, VA 20124
- 3. The mailing address (if different): 105 South Narcissus Avenue, Suite 612
West Palm Beach, FL 33401
- 4. Date of incorporation/qualification: 4/11/84 Document number: N02488
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kathleen Downing
1101 SW 69th Avenue
Plantation, FL 33317

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carla L. Brown Harward, Esquire
Carla L. Brown Harward, P.A.
105 South Narcissus Avenue, Suite 612
(P.O. Box or personal mailbox NOT acceptable)
West Palm Beach, FL 33401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

I. David Kibbe, President & CEO
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

6/12/03
(Date)

If signing on behalf of an entity:
Carla L. Brown Harward
(Typed or Printed Name)

President
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314