

Division of Corporations

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P11000107066

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

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.\*\*

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
FLORIDA TRUE HEALTH, INC.

Certificate of Status	0
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Help

*T. Lemieux*

NOV 24 2014  
T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA TRUE HEALTH, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P11000107066

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:

Todd A. Borow, Esq., Associate General Counsel  
Name of Contact Person

AmeriHealth Caritas  
Firm/Company

200 Stevens Drive  
Address

Philadelphia, PA 19113  
City/State and Zip Code

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

For further information concerning this matter, please call:

Todd A. Borow at ( 215 ) 863-6349  
Name of Contact 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 True Health, Inc.
- 2. The principal office address: 200 Stevens Drive, Philadelphia, PA 19113
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 12/19/2011 Document number: P11000107066
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

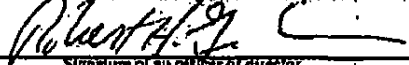
Corporate Creations Network, Inc.  
11380 Prosperity Farms, Road #221E  
Palm Beach Gardens, FL 33410

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

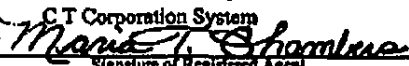
C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, FL 33324  
P.O. Box NOT acceptable

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 so authorized by the board, or the corporation has been notified in writing of the change.

 Robert H. Gilman, Secretary  
Signature of an officer or director 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.

C T Corporation System  
 By:  11/21/14  
Signature of Registered Agent Date

If signing on behalf of an entity:

Maria T. Chambers  
Special Assistant Secretary

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

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

CR2E045 (03/12)

APPROVED AND FILED  
 14 NOV 22 AM 12: 22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA