

P99000 108819

April Brady  
(Requestor's Name)

Signature Info Solutions LLC  
(Address)

300 Phillips Blvd  
(Address)

Trenton NJ 08619  
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

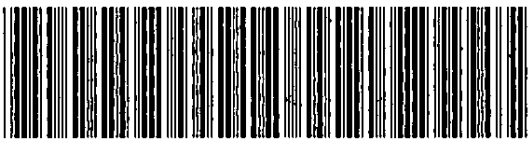
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500131063445

06/23/08--01033--011 \*\*35.00

FILED  
08 JUN 23 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SL

8/15/08  
TS

**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: Vista Health Plan, Inc.

2. The principal office address: 6705 Rockledge Drive, Bethesda, MD 20817

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/16/1999 Document number: P99000108819

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gerald M. Cohen, Esq.

1340 Concord Terrace

Sunrise, FL 33323

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

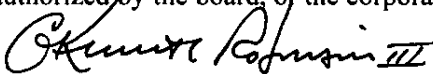
(P.O. Box NOT acceptable)

Weston, FL 33331

FILED  
08 JUN 23 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

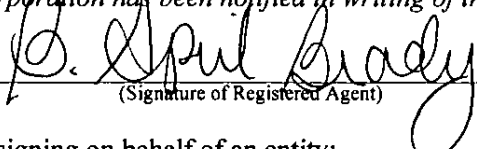


(Signature of an officer or director)

G. Kenneth Robinson, III - Asst. Treas.

(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 of Registered Agent)

6/16/08

(Date)

If signing on behalf of an entity:

B. April Brady, Asst. Secty.

(Typed or Printed Name)

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

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