# 06663



ACCOUNT NO. :

072100000032

REFERENCE :

813244

5024118

AUTHORIZATION

COST LIMIT

ORDER DATE: May 8, 1998

ORDER TIME : 1:48 PM

ORDER NO. : 813244

CUSTOMER NO: 5024118

CUSTOMER: Lynn Terpening, Legal Asst

Healthplan Services, Inc.

3501 Frontage Road P.o. Box 30098

Tampa, FL 33607-3599

900002519089--4

#### CHANGE OF AGENT

NAME: HEALTHPLAN SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_ PLAIN STAMPED COPY \_\_

CONTACT PERSON: Christopher Smith

#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 12, 1998

CSC CHRISTOPHER TALLAHASSEE, FL

SUBJECT: HEALTHPLAN SERVICES, INC.

Ref. Number: 406663

RESUBMIT

Please give original submission date as file date.

We have received your document for HEALTHPLAN SERVICES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Joy Moon-French Corporate Specialist

Letter Number: 298A00026232

### Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.15  | 08, or 617.1508, Florida Statutes, the    |
|--|---|
| undersigned corporation organized under the laws of the State of $\ \_$  | Florida                                   |
| submits the following statement in order to change its registered off  | lice or registered agent, or both, in the |
| State of Florida.  |   |
| 1. The name of the corporation is:   |   |
| HEALTHPLAN SERVICES, INC.  |   |
| 2. The mailing address of the corporation is: 3501 FRONTAGE RD.  |   |
| TAMPA, FL 33607•   | ·   |
| 3. Date of incorporation/qualification: August 10, 1972 Do   | cument number: 406663                     |
| 4. The name and address of the current registered agent and office:  | -   |
| CT CORPORATION SYSTEM  | <b>— — —</b>                              |
| 1200 S. PINE ISLAND ROAD   | 98 M                                      |
| PLANTATION, FL 33324   |   |
| 5. The name and address of the new registered agent and office: (P.  | <u></u> -                                 |
| Corporation Service Company  |   |
| 1201 Hays Street   | STATI<br>LORRI                            |
| Tallahassee, FL 32301  | ——————————————————————————————————————    |
| The street address of its registered office and the street address of agent, as changed, will be identical.  | of the business office of its registered  |
| Such change was authorized by resolution duly adopted by its be authorized by the board.   | pard of directors or by an officer so     |
|  | May 4,1998                                |
| (Signature of an officer, chairman or vice chairman of the board)  | (Date)                                    |
| PHILLIP S. DINGLE, Secretary   | May 4, 1998                               |
| (Printed or typed name and title)  | (Date)                                    |
| Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered agen I further agree to comply with the provisions of all statutes relat performance of my duties, and I am familiar with and accept the registered agent. | ive to the proper and complete            |
| Corporation Service Company  | 5:12-58                                   |
| (Signature of Registered Agent)  | (Date)                                    |
| If signing on behalf of an entity:  KAREN B. ROZAR  MARIN B. ROZAR   | Assistant Vice President (Capacity)       |
| (Typed or Plinted Name)  CR2E045(3/96)   | (Capacity)                                |