

Document Number Only

850868

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

FILED
97 OCT 22 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Take care Administrative Services Corporation Amend
Amending name to:

Pacificare Health Plan Administrators, Inc.

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☒ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Merger

☐ Mark

☐ Other Use Filing

☐ Change of R.A.

☐ Fic. Name

☐ CUS

☐ After 4:30

☒ Pick Up

RECEIVED
97 OCT 22 PM 12:59
DIVISION OF CORPORATION

Name
Availability

Document
Examiner

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Verifier

Acknowledgment

W.P. Verifier

OCT 22 1997

PLEASE RETURN EXTRA COPIES
FILE STAMPED

000002327220--6

-10/22/97-01079-025

****35.00 ****35.00

**APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA**

FILED
97 OCT 22 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. TakeCare Administrative Services Corporation
Name of corporation as it appears within the records of the Department of State.

2. Incorporated under laws of: Indiana

3. Date authorized to do business in Florida: October 29, 1981

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

June 17, 1997

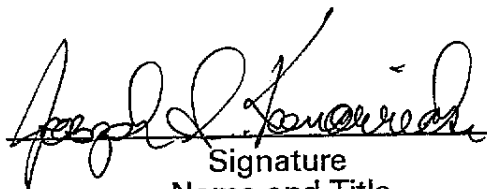
5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:

PacifiCare Health Plan Administrators, Inc.

6. If the amendment changes the period of duration, indicate new period of duration.

No Change

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.


Signature
Name and Title

Joseph Konowiecki, Secretary

9/30/97
Date

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF FACT

To Whom These Presents Come, Greeting:

I, Sue Anne Gilroy, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that Articles of Amendment were filed bearing an approved and filed date of June 17, 1997 amending the name of the corporation from

TAKECARE ADMINISTRATIVE SERVICES CORPORATION

to

PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.

I further certify that this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fifth day of September, 1997.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State

[Signature]

Deputy

