855655



ACCOUNT NO. : 072100000032

REFERENCE: 668372

5054380

ORDER DATE: April 19, 2000

ORDER TIME : 10:56 AM

ORDER NO. : 668372-035

CUSTOMER NO:

5054380

CUSTOMER: Ms. Peggy Haug

Aetna U.s. Healthcare

Law Department

980 Jolly Road, U19a Blue Bell, PA 19422

CHANGE OF AGENT

NAME:

PRUDENTIAL HEALTH CARE PLAN.

INC.

700003218537--6

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Jeanine Reynolds W

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

Pursuant to the provisions of se the undersigned corporation orgo			da Statutes,
the undersigned corporation orgoniality statement is			or both, in
	n oraci to change its register	ou office of toguerous again.	
the State of Florida. 1. The name of the corporation is	PRIDENTIAL HEALTH CARE I	PLAN, INC.	
1. The hame of the corporation is	1.		- 132 - 132
2. The mailing address of the cor	poration is: <u>56 N. Livingsto</u>	on Ave., Stop 418-PHG-HQ,	
Roseland, NJ 07068-1733		<u> </u>	
3. Date of incorporation/qualification	ation: February 28, 1983	Document number: 855655	t o
4. The name and address of the c	urrent registered agent and off	ice:	÷ ÷
Andrew D. Croo	ks		98
2301 Lucien Wa	y #230		7
Maitland, FL 3			2 -
5. The name and address of the r	new registered agent and office	: (P. O. Box Not Acceptable)	2 17
Corporation Se	rvice Company		5 F. O
1201 Hays Stre	et'	Ş	
Tallahassee, F		The state of the s	
The street address of its register agent, as changed, will be identiced	cal.		
Such change was authorized by authorized by the board.	resolution duly adopted by its	s board of directors or by an	officer so
N	- 4	4/17/0	O
(Signature of an officer, chairm	an or vice chairman of the board)	(Date)	
DAVID F. Simon, Chicaf	- Und Office & Secre	tag	المناف
, , ,	ped name and title)	of and for the above stated	,
Having been named as registered corporation, I hereby accept the I further agree to comply with the performance of my duties, and I registered agent.	appointment as registerea age e provisions of all statutes rela	thi and agree to act in this cup ative to the proper and comple	rte
De Const V Note		4/20/2000	
(Signature of Registe	red Agent)	(Date)	· · · · · ·
If signing on behalf of an entity:			 .
Carol K. Dolor		. Vice Pres.	· · · · · · · · · · · · · · · · · · ·
(Typed or Printed Na	ime)	(Capacity)	
	* * * FILING FEE: \$35.	.00 * * *	
CR2EO45(7/97)			

P. O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314