F01000002367

(Re	questor's Name)	*							
(Ad	dress)								
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(Cit	y/State/Zip/Phone	e #)							
PICK-UP	WAIT	MAIL							
(Bu	siness Entity Nar	me)							
(Document Number)									
Certified Copies	_ Certificates	s of Status							
Special Instructions to	Filing Officer:								

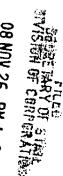
Office Use Only



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08 NOV 26 PM 4:



R.A. Chorg C.COULLIETTE

DEC 012008

EXAMINER

ACCOUNT NO. : 072100000032

REFERENCE :

805303

5024118

AUTHORIZATION

COST LIMIT : \$35.0

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ORDER DATE: November 25, 2008

ORDER TIME : 1:28 PM

ORDER NO. : 805303-024

CUSTOMER NO: 5024118

CHANGE OF AGENT

NAME: HEALTHPLAN HOLDINGS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS:

7

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

statement of cha	nge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, thinized under the laws of the State of Delawar ered agent, or both, in the State of Florida.	
1. The name of t	he corporation: HEALTHPLAN H	IOLDINGS, INC.	
2. The principal	office address:	on Poton El 22496	
		ca Raton, FL 33460	
-	ddress (if different): egal Department, 3501 Frontag	ge Road, Tampa, FL 33607	
4. Date of incorp	poration/qualification: 05/03/2001	Document number: F01000002367	7
	street address of the current registered a tment of State:	gent and registered office on file with the	
	C T Corporation System		
	1200 S. Pine Island Road		9 A
	Plantation, FL 33324		8 9 8
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	海箭 P CORP OF ATTEM 08 NOV 26 PM 4: 34
	Corporation Service Company	/	14: 34
	1201 Hays Street		36
	(P.O. Box NOT acceptable))	Ĩ,
	Tallahassee, FL 32301		
as changed will	be identical.	address of the business office of its registere	
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
Signature Signature	e of an olyter or director)	Kathy L. Yetter, Attorney in Fact	
I hereby accept I further agree to of my duties, and document is bein corporation has Corporat	the appointment as registered agent an o comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. ion Service Company	d agree to act in this capacity. utes relative to the proper and complete perfo igation of my position as registered agent. C e registered office address, I hereby confirm	ormance Or, if this that the
	reduce of Registered Agent)	November 21, 2008	
(Sig	reduce of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
	pet, Asst. VP		
(1)	yped or Printed Name) * * * FILING FE	TF. \$25 00 * * *	
	" " " FILING FE	15. \$35.00 " " "	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)