Division of Corporations

F01000005480

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Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

SPECTRUM MANAGED CARE OF CALIFORNIA, INC.

Certificate of Status	0
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Wheeler
(Name of person)

CT Corporation System
(Name of firm/company)

818 W. 7th Street, Second Floor
(Address)

Los Angeles CA 90017
(City/state and zip code)

For further information concerning this matter, please call:

Susan Wheeler at (800) 888-9207
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

FLA06 - 10/14/03 CT System Online

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 Delaware *in order to change its registered office or registered agent, or both, in the State of Florida.*

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TALLAHASSEE, FLORIDA

1. The name of the corporation: Spectrum Managed Care of California, Inc.

2. The principal office address: 610 W. Ash Street, Suite 1900, San Diego CA 92101

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/22/2001 Document number: F01000005430

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

NRAI Services, Inc.

526 East Park Avenue

Tallahassee FL 32301

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

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

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.

M. T. Fitzpatrick — attorney in fact

(Signature of the officer, chairman or vice-chairman of the board) (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.

C T Corporation System

By: M. T. Fitzpatrick

(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

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

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