

F09000002390

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
MEDEX INSURANCE SERVICES, INC.**

Certificate of Status	0
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Page Count	03
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10/23/12

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDEX Insurance Services, Inc.

Name of Corporation

DOCUMENT NUMBER: F09000002390

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

Please return all correspondence concerning this matter to the following:

Debbie Kretsinger

Name of Contact Person

UnitedHealth Group Incorporated

Firm/Company

9900 Bren Road

Address

Minnnetonka, MN 55343

City/State and Zip Code

deborah.kretsinger@uhc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

1. The name of the corporation: MEDEX Insurance Services, Inc.
2. The principal office address: 8501 LaSalle Road, Ste. 200, Towson MD 21286
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/15/2009 Document number: F09000002390
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HATCH, JOHN D ESQ.

1267 BERKSHIRE LANE SUITE 200

TARPON SPRINGS FL 34688

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, 1200 South Pine Island Road Plantation,

P.O. Box NOT acceptable

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 its officers or authorized by the board, or the corporation has been notified in writing of the change.

Jeanne Nelson
Signature of an officer or director

Jeanne Nelson, Vice President
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.

By: Michele Miller
Signature of Registered Agent

10/22/2012

Date

If signing on behalf of an entity:

Michele Miller, Asst. Secretary

Typed or Printed Name

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

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

CR2E045 (03/12)