

F1500000 2110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

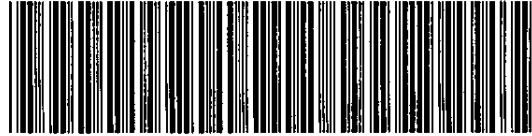
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG -3 PM 2:01
SECRETARY OF STATE
CLERK ASSISTANT

FILED

AUG 05 2015

C. CARROTHERS



VIA OVERNIGHT MAIL

July 31, 2015

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Health Plans, Inc. d/b/a Health Plans, a Harvard Pilgrim Company
Application by Foreign Corporation for Withdrawal of Authority to Transact Business in Florida

Dear Sir or Madam:

Please find enclosed Health Plans, Inc.'s completed and signed Application by Foreign Corporation for Withdrawal of Authority to Transact Business in Florida as "Health Plans, Inc. dba Health Plans, a Harvard Pilgrim Company".

The following items are also enclosed:

- Cover Letter
- Check Number 049821 in the amount of \$52.50, payable to the Florida Department of State
- Copy of Cover Letter and Application for Certified Copy

We anticipate submitting an application for authorization to transact business under a new "dba" name in the near future.

If you have any questions or require any other information, please contact me by email at vbezoenik@healthplansinc.com or at 508.475.6804 (my direct telephone line).

Sincerely,

Vicki Bezoenik
Compliance Assistant

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Plans, Inc. dba Health Plans, a Harvard Pilgrim Company
(Name of Corporation)

DOCUMENT NUMBER: F1500000211 0

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vicki Bezoenik

(Name of Person)

Health Plans, Inc.

(Firm/Company)

1500 West Park Drive, Suite 330

(Address)

Westborough, MA 01581

(City/State and Zip code)

For further information concerning this matter, please call:

Vicki Bezoenik

(Name of Person)

at (508) 475-6804

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

FILED

2015 AUG -3 PM 2:01

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Health Plans, Inc. dba Health Plans, a Harvard Pilgrim Company

(Name of Corporation)

F1500000211 0

(Document Number of Corporation (if known))

Massachusetts

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

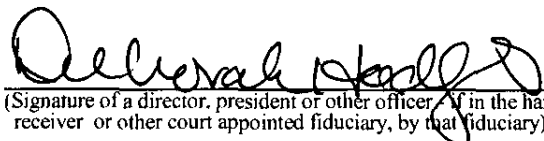
1500 West Park Drive, Suite 330

(Mailing Address)

Westborough, MA 01581

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer or in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Deborah M. Hodges

(Typed or printed name of person signing)

7/31/2015
(Date)

President

(Title of person signing)

FILING FEE \$35