

FI5000003563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

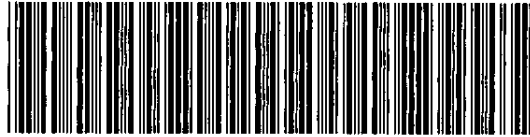
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG 12 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2015
PRUCE



VIA OVERNIGHT MAIL

August 11, 2015

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

Re: Health Plans, Inc. d/b/a Health Plans, an HPHC Company
Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir or Madam:

Please find enclosed Health Plans, Inc.'s completed and signed Application by Foreign Corporation for Authorization to Transact Business in Florida as "Health Plans, an HPHC Company". We have also enclosed the following items:

- Cover Letter
- Check Number 049869 in the amount of \$87.50, payable to the Florida Department of State
- Certificate of Good Standing, dated July 8, 2015, issued by the Secretary of State of the Commonwealth of Massachusetts, in which Health Plans, Inc. is incorporated
- Copy of Cover Letter and Application for Certified Copy

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

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2015 AUG 2 P 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Plans, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

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
vbezoenik@healthplansinc.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Vicki Bezoenik	508	475-6084
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Health Plans, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Health Plans, an IPIHC Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Massachusetts 3. 04-2734278
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 7, 1981 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Health Plans received a Certificate of Authority from Florida in May 2015 under the DBA name of: Health Plans, a Harvard Pilgrim Company. We then discovered that we needed to modify the DBA name and applied to withdraw our Certificate of Authority, which was acknowledged by the FL Dept. of State on August 6, 2015. We are now reapplying for a new Certificate of Authority under the new DBA name of: Health Plans, an HPHC Company.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1500 West Park Drive, Suite 330, Westborough, MA 01581
(Principal office address)

(same)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

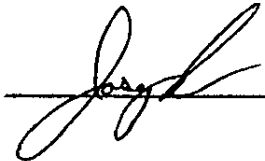
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.



(Registered agent's signature)

Joseph Tamimi
Assistant Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Eric H. Schultz
Address: 93 Worcester Street
Wellesley, MA 02481

Vice Chairman: _____
Address: _____

Director: Charles R. Goheen
Address: 93 Worcester Street
Wellesley, MA 02481

Director: Tisa K. Hughes
Address: 93 Worcester Street
Wellesley, MA 02481

B. OFFICERS

President: Deborah M. Hodges
Address: 1500 West Park Drive, Suite 330
Westborough, MA 01581

Vice President: _____
Address: _____

Secretary: Tisa K. Hughes
Address: 93 Worcester Street, Wellesley, MA 02481

Treasurer: Charles R. Goheen
Address: 93 Worcester Street, Wellesley, MA 02481

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Deborah M. Hodges, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

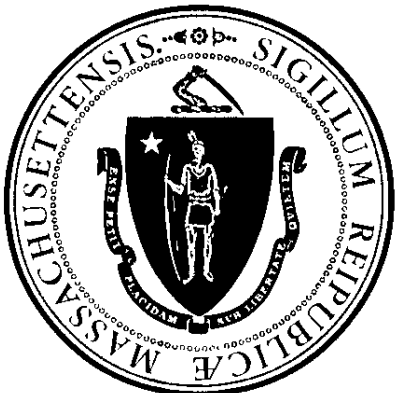
The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: July 08, 2015

To Whom It May Concern :

I hereby certify that according to the records of this office,
HEALTH PLANS, INC.

is a domestic corporation organized on **July 07, 1981** , under the General Laws of the
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as
appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

Certificate Number: 15074190290

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: nmc