

F95000004605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

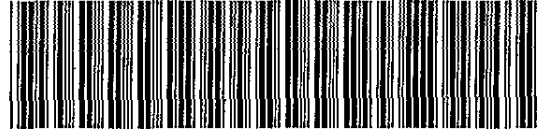
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800041170008

09/21/04--01055--005 **35.00

FILED

04 SEP 21 PM 12:38

CLERK OF STATE
TALLAHASSEE, FLORIDA

RAA O day
MD 9/28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Managed Care of America, Inc.
(Name of corporation)

DOCUMENT NUMBER: F95000004605

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:

Lois M. Nagel
(Name of contact person)

Managed Care of America, Inc.
(Firm/Company)

820 Parish Street
(Address)

Pittsburgh, PA 15220
(City/state and zip code)

For further information concerning this matter, please call:

Lois M. Nagel at (412) 922-2803 x 144
(Name of contact 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



820 Parish Street • Pittsburgh, PA 15220 • (412) 922-2803 • FAX (412) 922-3071
www.mcoa.com

September 16, 2004

Florida Department of Insurance
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RE: STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT OR BOTH FOR CORPORATIONS**

TO WHOM IT MAY CONCERN:

Enclosed please find the above-mentioned form for our corporation changing our registered agent in the State of Florida. Also enclosed is our corporation's Check # 35419 in the amount of \$35.00 for the filing fee.

If you have any questions concerning this correspondence, please contact our office.

Very truly yours,

A handwritten signature in cursive script that reads "Lois M. Nagel". The signature is written in dark ink and is positioned above the printed name.

Lois M. Nagel

LMN:

Enclosures

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

1. The name of the corporation: Managed Care of America, Inc.
2. The principal office address: 820 Parish Street
Pittsburgh, PA 15220
3. The mailing address (if different) Same as above.

4. Date of incorporation/qualification: 9/22/95 Document number: F95000004605

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

Randolph J. Wolfe

201 N. Franklin Street, Suite 2100

Tampa, FL 33602

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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.

[Signature]
(Signature of an officer or director)

John G. Beck, V.P. Legal Affairs
(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.

Corporation Service Company
By Barbara J. Christman
(Signature of Registered Agent)

9-13-04
(Date)

If signing on behalf of an entity:

BARBARA J. CHRISTMAN
(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

FILED
04 SEP 21 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA