

F990000000784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

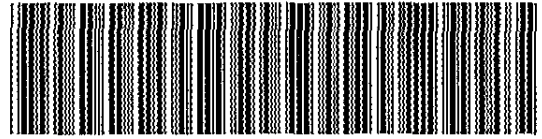
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800010187148

01/22/03--01094--002 **35.00

FILED

03 JAN 22 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F990000000784
CO. 22-1
1-22-03
RPS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIP HEALTH PLANS, INC.
(Name of Corporation)

DOCUMENT NUMBER: F99000000784

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALD M. COHEN, ESQ.
(Name of Person)

VISTA HEALTH PLAN
(Name of Firm/Company)

300 SOUTH PARK ROAD
(Address)

HOLLYWOOD, FL 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD COHEN, ESQ. at (954) 962-3008
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

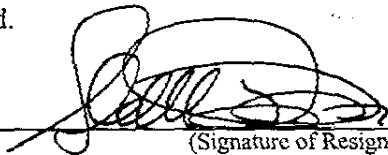
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, GERALD COHEN
(Name of Registered Agent)

hereby resigns as Registered Agent for HIP HEALTH PLANS, INC.
(Name of Corporation)

F99000000784
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Gerald M. Cohen
(Typed or Printed Name)

Secretary; Registered Agent
(Capacity)

FILED
03 JAN 22 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314