

G80558



ACCOUNT NO. : 072100000032

REFERENCE : 017760 4352697

AUTHORIZATION : *Patricia Piguet*

COST LIMIT : \$ 35.00

ORDER DATE : November 2, 1998

ORDER TIME : 11:25 AM

ORDER NO. : 017760

400002687364--2

CUSTOMER NO: 4352697

CUSTOMER: Linda McDonald, Legal Asst
Humana Inc.
500 West Main Street
P.O. Box 1438
Louisville, KY 40201-1438

CHANGE OF AGENT

NAME: HEALTH INCLUSIVE PLAN OF
FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

FILED
98 NOV 13 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

See 11/16

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: _____

HEALTH INCLUSIVE PLAN OF FLORIDA, INC.

2. The mailing address of the corporation is: _____

500 West Main Street, Louisville, KY 40202

3. Date of incorporation/qualification: 12/12/83 Document number: G80558

4. The name and address of the current registered agent and office:

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL. 33324

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

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.

(Signature of an officer, chairman or vice chairman of the board)

10-16-98

(Date)

WALTER E. NEELY, VICE PRESIDENT

(Printed or typed name and title)

10-16-98

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Maureen W. Cullen
(Signature of Registered Agent)

November 11, 1998

(Date)

If signing on behalf of an entity:

Maureen W. Cullen

ASST. VICE PRESIDENT

(Typed or Printed Name)

(Capacity)

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