



J28248

ACCOUNT NO. : 072100000032

REFERENCE : 067383 4352697

AUTHORIZATION : Patricia Kyzio

COST LIMIT : \$ 35.00

ORDER DATE : December 16, 1998

ORDER TIME : 4:38 PM

ORDER NO. : 067383/30

CUSTOMER NO: 4352697

200002718632--7

CUSTOMER: Ms. Mindy Crosby
Humana Inc.
500 West Main Street
P.O. Box 1438
Louisville, KY 40201-1438

CHANGE OF AGENT

NAME: HUMANA MEDICAL PLAN, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY

CONTACT PERSON: Janice Vanderslice

RA Charge
12-22-98
CC

FILED
98 DEC 22 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
98 DEC 22 AM 9:56
TALLAHASSEE, FLORIDA

*** 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: HUMANA MEDICAL PLAN, INC.

2. The mailing address of the corporation is: _____

500 West Main Street, Louisville, KY 40202

3. Date of incorporation/qualification: 8/12/86 Document number: J28248

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

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FLORIDA 33324

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

Corporation Service Company

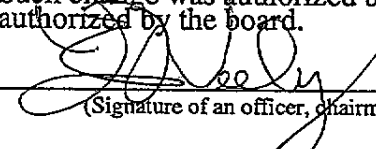
1201 Hays Street

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.

Vicki Schreiber
(Signature of Registered Agent)

12-17-98
(Date)

If signing on behalf of an entity:

VICKI SCHREIBER

(Typed or Printed Name)

ASST. VICE-PRESIDENT

(Capacity)