K87255

HEATHER L. DOUDNA

Attorney at Law
2536 Countryside Blvd. • Sixth Floor
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City/State/Zip

Phone #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Document #)	9
2	(Corporation Name)	(Document #)	AND FILE
3	(Corporation Name)	(Document #)	Service Single
4	(Corporation Name)	(Document #)	OF S
Walk in	Pick up time		
Mail out	☐ Will wait	☐ Photocopy ☐ Certificate of Status	

NEW FILINGS
Profit
 NonProfit
Limited Liability
Domestication
Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
Trademark
Other

RA Chgi

5-7-99

Examiner's Initials



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, 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: Network Insurance Senior Health Division, Inc.

1a. Date of incorporation:

6/10/89

Document Number:

K87255

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

HEATHER L. DOUDNA

2536 Countryside Blvd., Sixth Floor

Clearwater, Florida 33763

3. The name and address of the new registered agent and office:

R. Maury Thornton

2536 Countryside Blvd., Sixth Floor

Clearwater, Florida 33763

The street address of its registered agent 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.

Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

Name:

Date