

K87255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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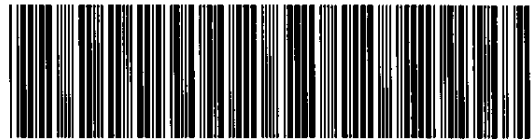
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R.A. Chong

C. Couffette DEC 19 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 666787 7554619

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : December 14, 2006

ORDER TIME : 10:12 AM

ORDER NO. : 666787-055

CUSTOMER NO: 7554619

CHANGE OF AGENT

NAME: NETWORK INSURANCE SENIOR
HEALTH DIVISION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

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

1. The name of the corporation: NETWORK INSURANCE SENIOR HEALTH DIVISION, INC.
2. The principal office address: 687 Alderman Road, #303, Palm Harbor, FL 34683
3. The mailing address (if different): 3440 Lehigh Street, Allentown, PA 18103
4. Date of incorporation/qualification: 05/10/1989 Document number: K87255

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

Patrick, Wanita S

687 Alderman Road, #303

Palm Harbor FL 34683

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

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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.

Maureen Cullen
(Signature of an officer or director)

Maureen Cullen, Attorney-in-Fact

(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: Jacqueline M. Giles
(Signature of Registered Agent)

12/04/2006

(Date)

If signing on behalf of an entity:

Jacqueline M. Giles, Asst. VP

(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
CR2E045 (8/05)