Document Number Only

L59116

City	State		Zip	Phone					
Addı Ta	ress llahassee,	FL	32301	222-1092					
Requestor's Name 660 East Jefferson Street									
CT	CORPORATIO	ON S	YSTEM						

CORPORATION(S) NAME

100002332471--7 -10/29/97--01063--013 *****35.00 ******35.08

PCA Health Pl	ans of Florida	, lnc.
1 (7) 112000111	<u> </u>	97 SE TAL
		CRE CARE
		AR) ASS
<pre>() Profit () NonProfit () Limited Liability Co.</pre>	() Amendment	() Merger FLSS 22
() Foreign	() Dissolution/Withdrawal	() Mark 57
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other UCC Filing Change of R.A.
() Certified Copy	() Photo Copies	() CUS 15.00 77
() Call When Ready Walk In () Mail Out	() Call if Problem	() After 4:30% 729 AM
Name Availability Document	PLEA	SE RETURN EXTRA COPIES FILE STAMPED
Examiner Updater	10-29	
Verifier	· · · · · · · · · · · · · · · · · · ·	129 m
Acknowledgment		Ju. X
W.P. Verifier		(R.A.
CR2E031 (1-89)	11.00 (11	

Florida Department of State, Jim Smith, Secretary of State

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 Florida submits the following statem or registered agent, or both, in the State of Fl	ent in order to change its regist	
1a. The name of the corporation is:	A HEALTH PLANS OF FLORIDA,	INC.
1b. Date of incorporation March 22, 19	Document number	L59116 -
2. The name and address of the current reg		97 OCT 2 SECRETA
6101 Blue 1 Miami, Fl	agoon Dr. Ste0 300	29 PM
3. The name and address of the new register (P.O. Box Not Acceptable) C T CORPORATI	ed agent and office:	F STATE
c/o C T CORPORATION SYSTEM, 1200 South	Pine Island Rd., Plantation	n, Florida 33324
The street address of its registered agent and of its registered agent as changed will be idea Such change was authorized by resolution do	ntical.	
an officer so authorized by the board.	, .	•
bran O. Tenahan	Joan O. Lenahan, Secretary	
SIGNATURE	Typed or printed name and t	itle
DATE		
HAVING BEEN NAMED AS REGISTERED AG PROCESS FOR THE ABOVE STATED CORP IN THIS CERTIFICATE, I HEREBY ACCEPT 1	ORATION AT THE PLACE DES	SIGNATED

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.

SIGNATURE BY: Sugar 9. YN Try

(Registered Age Rysan J. Metze

DATE Oct 22,199 Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00