

Document Number Only

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CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

200002332472--4

-10/29/97--01063--014

*****35.00 *****35.00

PCA Family Health Plan, Inc.

- ☐ Profit ☐ Amendment ☐ Merger
- ☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark
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TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

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 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.

1a. The name of the corporation is: PCA FAMILY HEALTH PLAN, INC.

1b. Date of incorporation May 8, 1984 Document number M00368

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

Jose M. Menendez, Esq.

5835 Blue Lagoon Dr.
Miami, FL 33126

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

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

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.

Joan O. Lenahan
SIGNATURE
10-20-97
DATE

Joan O. Lenahan, Secretary

Typed or printed name and title

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.

G T CORPORATION SYSTEM
SIGNATURE BY: Susan J. Metze
(Registered Agent)

DATE Oct 22, 1997
Susan J. Metze
Assistant Secretary

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