

m18884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Per
3/14/05



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 252293 4352697

AUTHORIZATION :

COST LIMIT :

\$ 5000

ORDER DATE : March 10, 2005

ORDER TIME : 9:51 AM

ORDER NO. : 252293-005

CUSTOMER NO: 4352697

CUSTOMER: Ms. Patricia K. Kaster
Humana Inc.
500 West Main Street
P.O. Box 1438
Louisville, KY 40202

RA
change

CHANGE OF AGENT

NAME: CAREPLUS HEALTH PLANS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

DR
3/14/05

**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: CarePlus Health Plans, Inc.
2. The principal office address: 55 Alhambra Plaza, 7th Floor, Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Aug. 2, 1985 Document number: M18884
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Cary SantaMaria
554 Alhambra Plaza, 7th Floor
Coral Gables, FL 33134

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

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.

Joan O. Lenahan
(Signature of an officer or director)

Joan O. Lenahan, Secretary
(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 Margaret Pike, Asst Secretary 3-9-2005
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(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

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