N9800006364

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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECTrhe Florida Physicians Union, Inc. (Name of corporation)
DOCUMENT NUMBER: N9800006364
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mr. Lewis Harger, Exq. (Name of person)
Brennan, Manna & Diamond, PL
(Name of firm/company) Humana Centre Building 76 South Laura Street, Suite 1700
(Address)
Jacksonville, FL 32202
(City/state and zip code)
For further information concerning this matter, please call:
Tammy L. Fitzmartin at (904) 637-0060 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, france is submitted for a corporation organized under the laws of the State of
-	in order to change its registered office or registered agent, or both, in the State
of Florida.	
I. The name of	the corporation: The Florida Physicians Union. Inc.
2. The principal	office address: 1730 Kingsley Avenue, Suite A
	Orange Park, FL 32073
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 10/28/99 Document number: N98000006364
	d street address of the current registered agent and registered office on file with the rtment of State:
	Christopher L. Nuland, Esq.
	1000 Riverside Avenue, Suite 115
	Jacksonville, FL 32204
6. The name and changed):	nd street address of the new registered agent (if changed) and /or registered office (if
changed).	Brennan, Manna & Diamond
	Mr. Lewis Harper, Esq. 76 South Laura Street, Suite 1700 (P.O. Box or personal mailbox NOT acceptable)
	Jacksonville, FL 32202
agent, as chang	ess of its registered office and the street address of the business office of its registered ged will be identical.
1	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signature of an office	Tammy I. Fitzmartin Exec VP (Printed or typed name and title)
I hereby accep I further agree performance o registered ages office address,	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as n. Or fif this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.
Deall	11/26/02 EM S
If signing on beha	SignSture of Registered Agent) ARETA SERVICE STATE OF THE SERVICE STATE OF THE SERVICE SERVICE STATE OF THE SERVICE S
	Typed or Printed Name) (Capacity)
	* * * FILING FEE: \$35.00 * * *
	MAKE CHECKS PAY ABLE TO FEORIDA DEPARTMENT OF STATE AND MAIL TO: DEVISION OF CORPORATIONS, P.O. BOX 6327, TALEABASSEE, F.L. 32314