

P000000033992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

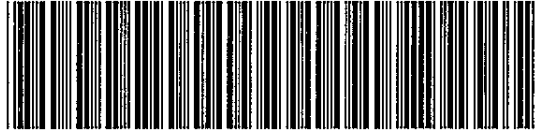
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600054618626

RA
change

05/20/05--01014--011 **35.00

FILED
05 MAY 20 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
05 MAY 20 AM 10:08
TALLAHASSEE, FLORIDA

ADR
5/20/05

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 05-20-05

REF. #: 000164.38312

CORP. NAME: NATIONAL HEALTH PLANS PLUS, INC.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT | | |

STATE FEES PREPAID WITH CHECK# 11068954 FOR \$ 35.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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

1. The name of the corporation: National Health Plans Plus, Inc.
2. The principal office address: 4350 Oakes Road, Suite 512
Davie, FL 33314
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P00000033992

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

Ralph C. Losey, Esq.
255 S. Orange Avenue, 17th Floor
Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corpdirect Agents, Inc.
103 N. Meridian St.
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

FILED
05 MAY 20 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

H. Wayne White, Pres.
(Signature of an officer or director)

H. Wayne White, Pres.
(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.

Patricia Tadlock, Asst. Sec.
(Signature of Registered Agent)

5.20.05
(Date)

If signing on behalf of an entity:

Patricia Tadlock, Asst. Secretary
(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