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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : AKERMAN SENTERFITT - TAMPA  
Account Number : I20000000249  
Phone : (813) 223-7333  
Fax Number : (813) 223-2837

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 11 PM 3:32

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REGISTERED AGENT CHANGE

NATIONAL HEALTH PLANS PLUS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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**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: 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: 03/20/2000 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:  
CorpDirect Agents, Inc.  
515 E. Park Avenue  
Tallahassee, FL 32301

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

American Information Services, Inc.  
401 E. Jackson Street, Suite 1700  
(P.O. Box NOT acceptable)  
Tampa, FL 33602

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.

  
(Signature of an officer or director)

Richard Loehr, Director  
(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.

  
(Signature of Registered Agent)

April 11, 2006  
(Date)

If signing on behalf of an entity:

DAVID M. ABEL, 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  
CR2E045 (\$/05)

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