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COVER LETTER

SUBJECT: Quality Health Plans, Inc. (Name of Corporation) DOCUMENT NUMBER: PO1000084422 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Arain M. Nawaz, MD (Name of Person)	
(Name of Corporation) DOCUMENT NUMBER: PO1000084422 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Arain M. Nawaz, MD	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Arain M. Nawaz, MD	
Please return all correspondence concerning this matter to the following: **Arain M. Nawaz, MD	
* Arain M. Nawaz, MD	
·	
(Name of Person)	
Quality Health Plans, Inc.	-
(Name of Firm/Company)	
2435 US 19, Ste 470	
(Address)	
Holiday, FL 34691	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Courtney Browning at (727) 945-8400 ext 110	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 **Tor. Nawa** is resigning as President. He will be the new President. Will be the new President.	, m

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. Arain M. Nawaz, MD	, hereby resign as President	
,	(Title)	
Quality Health Plans, Inc.		
(N	lame of Corporation)	
PO1000084422	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida	•	
Jan	(Signature of resigning officer/director)	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314