

SEP. 8. 2008 4:02 PM

C S C

NO. 000

P. 1

PO1000087158

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000209082 3)))



H080002090823ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1573

**RESUBMIT**

Please give original  
submission date as file date.

*Heather x2908*

**REGISTERED AGENT CHANGE**

**METCARE HEALTH PLANS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$35.00

**FILED**  
08 SEP -5 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*RA Change*  
*9/10/08*



SEP. 8. 2008 4:02PM

C S C 2008 2:12

PAGE 001/001

Florida NO. 608 of P. 2 ate



September 8, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

METCARE HEALTH PLANS, INC.  
250 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33401

SUBJECT: METCARE HEALTH PLANS, INC.  
REF: P01000087158

**RESUBMIT**

Please give original  
submission date as file date.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H08000209082  
Letter Number: 208A00049106

RECEIVED

2008 SEP -8 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: METCARE HEALTH PLANS, INC.
2. The principal office address: 250 AUSTRALIAN AVE SOUTH, SUITE 400,  
WEST PALM BEACH FL 33401
3. The mailing address (if different): same
4. Date of incorporation/qualification: 08/31/2001 Document number: P01000087158
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATE CREATIONS NETWORK INC.11380 PROSPERITY FARMS ROAD #221EPALM BEACH GARDENS FL 33410

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

Corporation Service Company1201 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, VP & 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: [Signature]  
(Signature of Registered Agent)

9/5/2008  
(Date)

If signing on behalf of an entity:

Lynette Coleman  
as its agent

(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 (8/05)

FILED  
SEP 5 AM 8:12  
TALLAHASSEE, FLORIDA