

P06000105508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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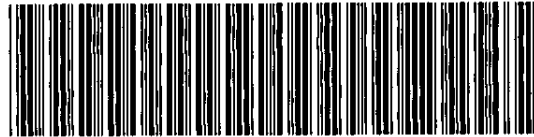
(Business Entity Name)

(Document Number)

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R, A Change

2-11-13

DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 526301 4352697

AUTHORIZATION :

COST LIMIT : \$ 35,000

*[Handwritten signature]*

ORDER DATE : February 8, 2013

ORDER TIME : 12:38 PM

ORDER NO. : 526301-005

CUSTOMER NO: 4352697

CHANGE OF AGENT

NAME: CONTINUARE CLINICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Continucare Clinics, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P06000105508

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:

Jill Jackson

Name of Contact Person

Humana Inc.

Firm/Company

500 W. Main Street, 21st Floor

Address

Louisville, KY 40202

City/State and Zip Code

jjackson31@humana.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Jackson

Name of Contact Person

at (502) 476-9752

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Continuicare Clinics, Inc.
2. The principal office address: 777 Yamato Road, Suite 510  
Boca Raton, Florida 33431
3. The mailing address (if different): 500 W. Main Street, 21st Floor, Law Department,  
Louisville, Kentucky 40202
4. Date of incorporation/qualification: 08/11/2006 Document number: P06000105508
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporate Creations Networks, Inc.

11380 Prosperity Farms Road, #221E

Palm 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 Company

1201 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, Vice President & Corporate 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.*

Sheryl A. Gibbs  
Signature of Registered Agent

2-8-13  
Date

If signing on behalf of an entity:

Sheryl A. Gibbs, Asst Vice President

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 (03/12)