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TALLAHASSEE FLORIDA

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Ames
5/11/07

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Quality Health Plans Insurance Company, Inc.

DOCUMENT NUMBER: P07000029344

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabiha H. Khan

(Name of Contact Person)

Quality Health Plans Insurance Company, Inc.

(Firm/ Company)

2435 U.S. Hwy 19 Ste 470

(Address)

Holiday Fl. 34691

(City/ State and Zip Code)

For further information concerning this matter, please call:

Sabiha Khan

(Name of Contact Person)

at (727) 945-8400 x102

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

Quality Health Plans Insurance Company, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P 07 0000 29344

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

See attached

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TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION
OF
QUALITY HEALTH PLANS INSURANCE COMPANY, INC.**

The undersigned, acting as the incorporators, adopt these Articles of Incorporation and form a profit corporation (the "Corporation" under the Florida Business Corporation Act (the "Act")), as follows:

**I.
Name**

The name of the Corporation is **Quality Health Plans Insurance Company, Inc.**

**II.
Term of Existence**

The date when corporate existence will commence is March 12, 2007 in accordance with Section 607.0203(1) of the Act. The Corporation will have perpetual existence thereafter.

**III.
Kinds of Insurance**

The Corporation is organized to provide Medicare fee-for-service insurance.

**IV.
Principal Office**

The principal office and mailing address of the Corporation is 2435 US Highway 19, Suite 470, Holiday, in Pasco County, FL 34691.

**V.
Capital Stock**

The Corporation is authorized to issue 300,000 shares of \$1.00 par value common stock, which will be designated common stock.

**VI.
Initial Registered Office and Agent**

The street address of the initial registered office of the Corporation is 201 S. Westland Avenue, Tampa, in Hillsborough County, Florida 33606 and the name of its initial registered agent at such address is Tina E. Dunsford.

The date of adoption of the amendment(s) was: May 1. 2007

Effective date if applicable: May 1. 2007
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature [Handwritten Signature]
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

HAIDER A. KHAAN
(Typed or printed name of person signing)

Chairman
(Title of person signing)

FILING FEE: \$35