

P 11000073855

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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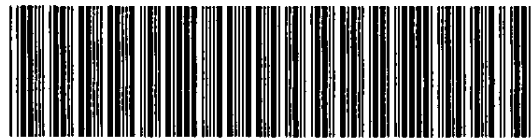
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** US Discount Health Plan Inc  
Name of Corporation

**DOCUMENT NUMBER:** P11000073855

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:

**Bob Waldorf**

Name of Contact Person

Firm/Company

**PO Box 530835**

Address

**St. Petersburg, Florida 33747**

City/State and Zip Code

**usdhplan@gmail.com**

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

For further information concerning this matter, please call:

**Bob Waldorf**

Name of Contact Person

at **386 256-0000**

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

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.

- CR2E045 (03/12)

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