

P94000006020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000039793410

08/24/04--01004--001 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2004 AUG 24 PM 1:39

R. A. Change  
LHJ  
8-24-04

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 607.0502, 607.1508, or 607.1508, 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: INSURICARE OF NAPLES INC  
2. The principal office address: 501 GOODLETTE RD. SUITE D-100  
NAPLES, FL 34102  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: JAN 15, 1994 Document number: P94000006020

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NONE: AS OF 8/06/04

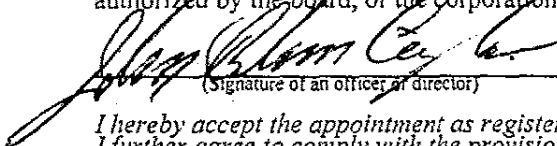
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN BRENDAN CUNNINGHAM  
501 GOODLETTE RD. SUITE D-100  
(P.O. Box NOT acceptable)  
NAPLES, FL 34102

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2004 AUG 24 PM 1:40

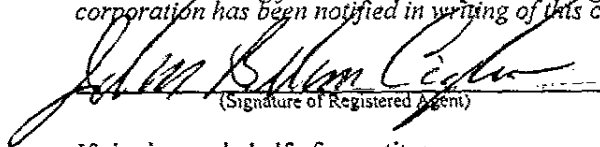
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

JOHN BRENDAN CUNNINGHAM CEO.  
(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.

  
(Signature of Registered Agent)

AUGUST 20, 2004  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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