

Division of Corporations

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P95000005019

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

THE NATIONS HEALTH PLAN, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, or 617.1503, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE NATIONS HEALTH PLAN, INC.
2. The principal office address: 115 5TH AVE., 7TH FL., NY, NY 10003
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/19/1995 Document number: P95000005019-1
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.4435 OLD WINTER GARDEN RD.

(P.O. Box NOT acceptable)

ORLANDO, FL 328111

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.

Marcy E. Feller
(Signature of an officer or director)

MARCY E. FELLER, SECY.

(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.

J. M. F.
(Signature of Registered Agent)

5-23-05
(Date)

If signing on behalf of an entity:

Jose M. Garcia Asst Secy.
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

BlumbergExcelsior

62 WHITE ST
NY NY 10013MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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