M19045

THE UNITED STATES **CORPORATION** OMPANY

ACCOUNT NO. : 072100000032

REFERENCE: 017760 4352697

AUTHORIZATION :

COST LIMIT :

ORDER DATE: November 2, 1998

ORDER TIME : 11:12 AM

ORDER NO. : 017760

CUSTOMER NO: 4352697

CUSTOMER: Linda Mcdonald, Legal Asst

Humana Inc.

500 West Main Street 200002687352--9

P.o. Box 1438

Louisville, KY 40201-1438

CHANGE OF AGENT

HUMANA HEALTH CARE PLANS-DAVIE

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

DIVISION OF CORPORATION

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provisions of sections 607.05 undersigned corporation organized under the	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
submits the following statement in order to ch State of Florida.	ange its registered office or registered agent, or both, in the
1. The name of the corporation is:	
HUMANA HEALTH CARE PLANS-DAVIE, 1	ŅC
2. The mailing address of the corporation is:	
500 West Main Street, Louisville	e, KY 40202
3. Date of incorporation/qualification: 3/8/95	
4. The name and address of the current register	
CT CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND RO	AD TAES
PLANTATION, FL. 33324	ART NO
5. The name and address of the new registered	
Corporation Service Compar	ny man g
1201 Hays Street	OR OR
Tallahassee, FL 32301	Dr. I
The street address of its registered office and agent, as changed, will be identical.	the street address of the business office of its registered
Such change was authorized by resolution du authorized by the board.	ly adopted by its board of directors or by an officer so
(Signature of an officer, chairman of vice chairman	of the board) (Date)
WALTER E. NEELY, VICE PRESIDENT	10-16-98
(Printed or typed name and title) Having been named as registered agent and to corporation, I hereby accept the appointment I further agree to comply with the provisions of performance of my duties, and I am familiar we registered agent	(Date) accept service of process for the above stated as registered agent and agree to act in this capacity. If all statutes relative to the proper and complete with and accept the obligation of my position as
Signature of Registered Agent)	November 11, 1998 (Date)
If signing on behalf of an entity:	
Maureen W. Cullen (Typed or Printed Name)	ASST. VICE PRESIDENT
CR2E045(3/96)	(Capacity)