## P96000004953

(Re	questor's Name)			
(Address)				
——————————————————————————————————————	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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DEPARTMENT OF STATE



RA Change

02-11-13



TUN SEHVICE GUMPANY						
	ACCOUNT NO.	:	12000000	0195		
	REFERENCE	:	526301	4352697		
	AUTHORIZATION	:	Long	Kalen and a		
	COST LIMIT	:	\$ 35.00	selman		
ORDER DATE : Fe	bruary 8, 2013					
ORDER TIME : 12	-					
ORDER NO. : 52	6301-050					
CUSTOMER NO:	4352697					
<b></b>					- <del>-</del> -	
CHANGE OF AGENT						
NAME: METROPOLITAN HEALTH NETWORKS, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON:	Carina L. Dunl	Lap	EXT# 5	52951		
			EXAMINER:			

## **COVER LETTER**

TO: Ame Divi	endment Section ision of Corporations	
SUBJECT:	Metropolitan Health Networks, Inc	D
	Name of Corp	poration
DOCUMEN	P9600004953	
The enclosed	d Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please returr	n all correspondence concerning this matter to	the following:
	Jill Jackson	
	Name of Conta	ct Person
	Humana Inc.	
	Firm/Com	pany
	500 W. Main Street, 21st Flo	or · ·
	Addres	S
	Louisville, KY 40202	•
	City/State and	Zip Code
	jjackson31@humana.com	
	E-mail address: (to be used for futu	re annual report notification)
For further in	nformation concerning this matter, please cal	l:
Jill Jacks	son	at (502 ) 476-9752 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a	a \$35.00 check made payable to the Departme	ent 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

CR2E045 (03/12)

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

statement of che	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida St. organized under the laws of the State of <u>Fl</u> egistered agent, or both, in the State of Fl.	orida
1. The name of	the corporation: Metropolitan Heal	Ith Networks, Inc.	
2. The principal	office address: 777 Yamato Ro ton, Florida 33431	oad, Suite 510	
	address (if different): 500 W. Mai lle, Kentucky 40202	in Street, 21st Floor, Law Depa	artment,
4. Date of incor	poration/qualification: 1/16/1996	Document number: P96000004	1953
5. The name and		red agent and registered office on file with	
	Corporate Creations Netw	vorks, Inc.	
	11380 Prosperity Farms F	Road, #221E	13-16
	Palm Beach Gardens, FL	33410	
6. The name and (if changed):		agent (if changed) and /or registered office	en e
	Corporation Service Com	pany	<b>4</b> 2
	1201 Hays Street		`#\`Z.4 **
	Tallahassee, FL 32301	NOT acceptable	
The street addreas changed will	ess of its registered office and the st	reet address of the business office of its i	registered agent,
Such change wa authorized by th	as authorized by resolution duly ado he board, or the corporation has been	opted by its board of directors or by an of n notified in writing of the change.	
Signatu	ure of an officer or director	Joan O. Lenahan, Vice President & Corp	porate Secretary
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that thy corporation has been notifi	nt and agree to act in this capacity. statutes relative to the proper and compi and accept the obligation of my position a reflect a change in the registered office the in writing of this change.	lete is registered address, I
M	mature of Registered Agent	28-13	
1		Date	
	chalf of an entity:		
Sneryl A. G	ibbs, Asst Vice President		

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

Typed or Printed Name