

A PROFESSIONAL ASSOCIATION

2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI, FLORIDA 33133 TELEPHONE (305) 858-5555 WORLD WIDE WEB http://www.adorno.com

July 7, 1997

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

HEALTHPLANS OF AMERICA HOLDINGS, INC.

Dear Sir/Madam:

Enclosed please find an executed Statement of Change of Registered Office or Registered Agent or Both for the above-captioned corporation, along with a check in the amount of \$35 made payable to the Florida Department of State. Please file this document and provide the undersigned with confirmation thereafter.

Thank you in advance for your attention to this matter. Please feel free to contact the undersigned directly at (305) 860-7098 if you have any questions.

Sincerely,

ADØRNO & ZEDER, P.A.

ustîn T. Wilson egal Assistant

FACSIMILE (305) 858-477

encl.

JTW/C.LTRCQV/102590/12207.011

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a.	The name of the corporation is: HealthPlans of America Holdings, Inc.
	Date of incorporation 1/18/96 Document number p9600000586
2.	The name and address of the current registered agent and office:
_	Richard M. Spector
	2601 S. Bayshore Dr., Suite 1600, Miami, FL 33133 55 0
3.	The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
	Blanca Santos
	9350 S. Dixie Highway, Suite 1220, Miami, FL 33156
X<	Jeffrey I. Binder, Chairman Typed or printed name and title Olivery 1. Binder, Chairman Typed or printed name and title DATE
PROIN AG WI CO	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED SENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY THE THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND EMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND EXCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.
	SIGNATUREX Blanca Datos (Registered Agent)
	DATE 6 27 97

FILING FEE: \$35.00

CR2E045 (7-91)