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ATTORNEYS AT LAW

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Reply to:
ANNA SALGADO
DIRECT LINE: (305) 373-9448
DIRECT FAX: (305) 995-6410
INTERNET: asalgado@broadandcassel.com

VIA U.S. MAIL

NEXUS. MAIL

NEXUS. MAIL

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

-09/22/99--01056--012

B & C Corporate Services, Inc. ****350.00 *****87.5

Resignations of Registered Agent

Dear Sir or Madam:

Re:

Enclosed please find Resignations of B & C Corporate Services, Inc. as registered agent of HealthPlans of America, Inc.; Atlantic Family Medical Center, Inc.; HealthPlans of America Holdings, Inc.; and Specialty Therapy Services, Inc. Also enclosed please find a check in the amount of \$350 payable to the Florida Department of State representing the state's required filing fee. Please process this at your earliest convenience. In addition, please evidence receipt of this filing by date stamping the attached copy of this letter and returning same to the undersigned in the enclosed self-addressed, stamped envelope provided for your convenience.

Thank you in advance for your prompt attention to this matter. If you have any questions or comments, feel free to contact the undersigned.

Sincerely,

BROAD AND CASSEL

Anna Salgado
Legal Assistant

AS:

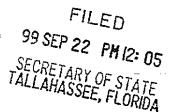
Enclosures

cc: Ms. Blanca Santos

Kathleen L. Deutsch, P.A.

RA resig.

RESIGNATION OF REGISTERED AGENT



| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, B & C CORPORATE SERVICES, INC. (Name of registered agent) |
| hereby resigns as Registered Agent for HEALTHPLANS OF AMERICA HOLDINGS, INC. (Name of corporation) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |
| B & C CORPORATE SERVICES, INC. |
| By: ana Salcado |
| (Signature of resigning agent) Anna Salgado, Vice President |
| If signing on behalf of an entity: |
| Anna Salgado |
| (Typed or Printed Name) |
| Vice President |
| (Capacity) |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314