

P97000031752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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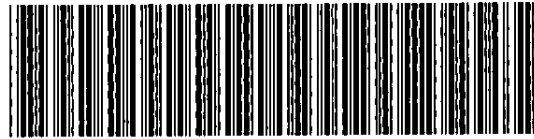
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
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R.A. Chang

2-11-13

DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 526301 4352697

AUTHORIZATION :

COST LIMIT : \$ 35,000

[Handwritten signature]

ORDER DATE : February 8, 2013

ORDER TIME : 12:40 PM

ORDER NO. : 526301-025

CUSTOMER NO: 4352697

CHANGE OF AGENT

NAME: CONTINU CARE PHYSICIAN PRACTICE
MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Continucare Physician Practice Management, Inc.

Name of Corporation

DOCUMENT NUMBER: P97000031752

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Jackson

Name of Contact Person

Humana Inc.

Firm/Company

500 W. Main Street, 21st Floor

Address

Louisville, KY 40202

City/State and Zip Code

jjackson31@humana.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Jackson

Name of Contact Person

at (502) 476-9752

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Continuicare Physician Practice Management, Inc.
2. The principal office address: 777 Yamato Road, Suite 510
Boca Raton, Florida 33431
3. The mailing address (if different): 500 W. Main Street, 21st Floor, Law Department,
Louisville, Kentucky 40202
4. Date of incorporation/qualification: 04/08/1997 Document number: P97000031752
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporate Creations Networks, Inc.

11380 Prosperity Farms Road, #221E

Palm Beach Gardens, FL 33410

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Joan O. Lenahan
Signature of an officer or director

Joan O. Lenahan, Vice President & Corporate Secretary
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.

[Signature]
Signature of Registered Agent

2-13
Date

If signing on behalf of an entity:

Sheryl A. Gibbs, Asst Vice President
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)