

**P97000058629**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
INTEGRATED HEALTH PLAN, INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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*Th 10-17-11*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: INTEGRATED HEALTH PLAN, INC.  
Name of Corporation

DOCUMENT NUMBER: P97000058629

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:

Shawna E. Gasik

Name of Contact Person

MultiPlan

Firm/Company

535 East Diehl Road, Suite 100

Address

Naperville, IL 60563

City/State and Zip Code

Shawna.gasik@multiplan.com

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

For further information concerning this matter, please call:

Shawna E. Gasik

Name of Contact Person

at ( 630 )

649-5003

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

CR2E045 (8/05)

**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: INTEGRATED HEALTH PLAN, INC.
2. The principal office address: 4020 Park Street, Suite 103  
ST. Petersburg, FL 33709
3. The mailing address (if different): 535 East Diehl Road, Suite 100  
Naperville, IL 60563
4. Date of incorporation/qualification: 07/03/1997 Document number: P97000058629
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)

FANT, CAROL E

150- 153RD AVE #303

MADEIRA BCH FL 33708

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Patricia Rizzi  
Signature of an Officer or director

Patricia Rizzi, Treasurer

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.*

By: C T Corporation System

Connie Bryan  
Signature of Registered Agent

10/14/11  
Date

If signing on behalf of an entity:

Connie Bryan  
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  
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