

P97000058629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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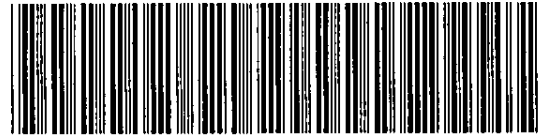
(Business Entity Name)

(Document Number)

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RA Change  
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 306533 7596839

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE : August 8, 2012

ORDER TIME : 8:43 AM

ORDER NO. : 306533-100

CUSTOMER NO: 7596839

CHANGE OF AGENT

NAME: INTEGRATED HEALTH PLAN, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: \_\_\_\_\_

**. 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 150, 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)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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.

Maureen Cathell  
Signature of an officer or director

Maureen Cathell, Vice President

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.

Corporation Service Company

By: Grace E Kirby  
Signature of Registered Agent

8-6-2012  
Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. VP

Typed or Printed Name

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