

P 97000086089

Lance D. Mackenzie

Requestor's Name

7834 Remington Green Circle, Ste. 201A

Address

Tallahassee, FL 32308 383-4848

City/State/Zip

Phone #

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97 OCT - 6 PM 1: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Association Health Plans, Inc. (Corporation Name) (Document #)

2. (Corporation Name) (Document #) 400002312864--4  
-10/06/97--01092--021  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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**ARTICLES OF INCORPORATION**  
**of**  
**Association HealthPlans, Inc.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I.** The name of the Corporation shall be:

Association HealthPlans, Inc.

**ARTICLE II.** The principal place of business and mailing address of this corporation shall be:

4300 North University Drive, Suite B-205  
Lauderhill, Florida 33351

**ARTICLE III.** The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares of No Par Value Common Stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the Corporation.

**ARTICLE IV.** The name and address of the Corporation's initial registered agent is:

James F. Schuler  
4300 North University Drive, Suite B-205  
Lauderhill, Florida 33351

**ARTICLE V.** The name and street address of the incorporator of this Corporation is:

Lance Douglas MacKenzie  
2913 South Richview Park Circle  
Tallahassee, Florida 32301

**ARTICLE VI.** No Director shall be held liable to the Corporation of its shareholders for monetary damages due to breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

10-3-97

Date

Signature of Incorporator

Lance D. MacKenzie

Name of Incorporator

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**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND REGISTERED AGENT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 607.0501 of The Florida Business Corporation Act, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

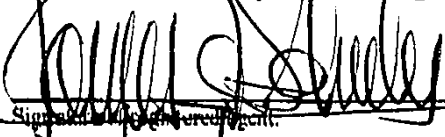
1. The name of the corporation is:

Association HealthPlans, Inc.

2. The name and address of the corporation's registered agent and registered office is:

James F. Schuler  
4300 North University Drive, Suite B-205  
Lauderhill, Florida 33351

*Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature of registered agent.

9/27/97  
\_\_\_\_\_  
Date of signature