

P98000086626

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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12 OCT 15 PM 3:00
SUNBIZ

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
PREFERRED CARE PARTNERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	0304
Estimated Charge	\$35.00

Attn: Darlen
Connell

RA Change

Electronic Filing Menu

Corporate Filing Menu

Help

10/16/12

Dc



October 15, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PREFERRED CARE PARTNERS, INC.
9100 S. DADELAND BLVD.
SUITE 1250
MIAMI, FL 33156

SUBJECT: PREFERRED CARE PARTNERS, INC.
REF: P98000086626

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H12000249618
Letter Number: 312A00025390

RECEIVED
12 OCT 15 AM 8:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREFERRED CARE PARTNERS, INC.

Name of Corporation

DOCUMENT NUMBER: P98000086626

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:

Kelly Stollenberg

Name of Contact Person

UnitedHealth Group Incorporated

Firm/Company

9900 Bren Road East, MN008-T502

Address

Minnetonka, MN 55343

City/State and Zip Code

kelly.stollenberg@uhg.com

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

For further information concerning this matter, please call:

Kelly Stollenberg

952

936-7303

at ()

Name of Contact Person

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 (03/12)

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: PREFERRED CARE PARTNERS, INC.
2. The principal office address: 9100 South Dadeland Blvd., Suite 1250, Miami FL 33156
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/09/1998 Document number: P98000086626
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)

Arnette C. Onorati

9100 South Dadeland Blvd., Suite 1250, Miami FL 33156

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 Plantation,

P.O. Box NOT-acceptable

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.

Michelle Huntley Dill
Signature of an officer or director

Michelle Huntley Dill, Assistant 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.

C T Corporation System

By: Connie Bryan
Signature of Registered Agent

Connie Bryan
Assistant Secretary

10/17/2012
Date

If signing on behalf of an entity:

C T Corporation System

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)