

**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 : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

Email Address: _____

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13 NOV -1 PM 3:40

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
PROCARE HEALTHPLANS, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 NOV -1 AM 10:25

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DR
11/4/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROCARE HEALTHPLANS, INC
Name of Corporation

DOCUMENT NUMBER: P98000094978

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:

KATHY CONNELL
Name of Contact Person

TENET HEALTHCARE CORPORATION
Firm/Company

1445 ROSS AVENUE, SUITE 1400
Address

DALLAS, TX 75202
City/State and Zip Code

Glenda.stewart@tenethealth.com

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

For further information concerning this matter, please call:

Sara Frederick at 214 932-3685
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

CR2ED45 (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: PROCARE HEALTHPLANS, INC.
2. The principal office address: 1445 Ross Avenue, Suite 1400, Dallas, TX 75202
3. The mailing address (if different): 1445 Ross Avenue, Suite 1400, Dallas, TX 75202
4. Date of incorporation/qualification: 11/09/1998 Document number: P98000094978
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)
COHEN, HARLAN I
6100 GLADES ROAD #205
BOCA RATON, FL 33434
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.

Jeffrey S. McFall
 Signature of an officer or director

Jeffrey S. McFall, 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.

By: Kimberly Baggett
 Signature of Registered Agent

10/28/2013
 Date

If signing on behalf of an entity:

Kimberly Baggett
 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)

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 2013 NOV - 1 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA