

P99000069/05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

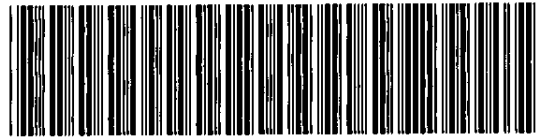
(Business Entity Name)

(Document Number)

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RA Ruby

RECEIVED
DEPARTMENT OF STATE
13 FEB - 8 PM 1:59

FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
13 FEB - 8 PM 2:46

FEB 12 2013

T. ROBERTS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 526301 4352697

AUTHORIZATION :

COST LIMIT : \$ 35.00

A handwritten signature in dark ink, appearing to read "Spuddelean", is written over the "COST LIMIT" line.

ORDER DATE : February 8, 2013

ORDER TIME : 12:40 PM

ORDER NO. : 526301-020

CUSTOMER NO: 4352697

CHANGE OF AGENT

NAME: CONTINUCARE PAYMENT CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

526301-20
RECEIVED

13 FEB 12 PM 1:50

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

February 11, 2013

CORPORATION SERVICE COMPANY
ATTN: CARINA L. DUNLAP
WALK-IN
TALLAHASSEE, FL

RESUBMIT
Please give original
submission date as file date.

SUBJECT: CONTINUACARE PAYMENT CORP.
Ref. Number: P99000069105

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

THE COVERLETTER HAS THE CORRECT NAME, HOWEVER THE DOCUMENT DOES NOT.

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

Letter Number: 913A00003297

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Continucare Payment Corp.
Name of Corporation

DOCUMENT NUMBER: P99000069105

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:

Jill Jackson
Name of Contact Person

Humana Inc.
Firm/Company

500 W. Main Street, 21st Floor
Address

Louisville, KY 40202
City/State and Zip Code

jjackson31@humana.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Jackson at (502) 476-9752
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

**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: CONTINUOCARE PAYMENT CORP.
2. The principal office address: 777 Yamato Road, Suite 510
Boca Raton, Florida 33431
3. The mailing address (if different): 500 W. Main Street, 21st Floor, Law Department,
Louisville, Kentucky 40202
4. Date of incorporation/qualification: 08/04/1999 Document number: P99000069105
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)

Corporate Creations Networks, Inc.

11380 Prosperity Farms Road, #221E

Palm Beach Gardens, FL 33410

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

FILED
93 FEB - 8 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Joan O. Lenahan
Signature of an officer or director

Joan O. Lenahan, Vice President & Corporate 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.

[Signature]
Signature of Registered Agent

2-8-93
Date

If signing on behalf of an entity:

Sheryl A. Gibbs, Asst Vice President

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)