

.2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90063 039 ***150.00

0585484

DOCUMENT # F00000005486

1. Entity Name
HEALTHMARKET ADMINISTRATIVE SERVICES INC.

| | |
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| Principal Place of Business 59 DANBURY ROAD WILTON CT 06897 | Mailing Address 59 DANBURY ROAD WILTON CT 06897 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 20 Glover Avenue | 3. Mailing Address P.O. Box 5360 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Norwalk CT | City & State South Norwalk CT |



DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 06850 | Country USA | Zip 06856 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

| | |
|---|--|
| 4. FEI Number 06-1593685 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> NO | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DANAHER, JOHN 59 DANBURY ROAD WILTON CT 06897 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 20 Glover Avenue Norwalk CT 06850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MORRIS, GREGORY 59 DANBURY ROAD WILTON CT 06897 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President 20 Glover Avenue Norwalk CT 06850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BIERMAN, RICHARD 59 DANBURY ROAD WILTON CT 06897 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 20 Glover Avenue Norwalk CT 06850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PAGANO, JOHN 59 DANBURY ROAD WILTON CT 06897 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 20 Glover Avenue Norwalk CT 06850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: John R Pagano **John R Pagano** **1/4/01** **203-229-1006**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)