


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90051 034 \*\*\*150.00

**DOCUMENT # F0000005486**  
 1. Entity Name  
**HEALTHMARKET ADMINISTRATIVE SERVICES INC.**



Principal Place of Business: **20 GLOVER AVENUE NORWALK, CT 06850**  
 Mailing Address: **P.O. BOX 5360 SOUTH NORWALK, CT 06856**

**40011301**

2. Principal Place of Business: **9151 Grapevine Highway**  
 Suite, Apt. #, etc.

3. Mailing Address: **20 Glover Avenue**  
 Suite, Apt. #, etc.



01112005 Chg-P CR2E034 (10/03)

City & State: **North Richland Hills, TX**  
 Zip: **76180** Country

City & State: **Norwalk CT**  
 Zip: **06850** Country

4. FEI Number: **06-1593685**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | VD                | <input checked="" type="checkbox"/> Delete |
| NAME           | MORRIS, GREGORY   |  |
| STREET ADDRESS | 20 GLOVE AVENUE   |  |
| CITY-ST-ZIP    | NORWALK, CT 06850 |  |
| TITLE          | SD                | <input type="checkbox"/> Delete            |
| NAME           | BIERMAN, RICHARD  |  |
| STREET ADDRESS | 20 GLOVE AVENUE   |  |
| CITY-ST-ZIP    | NORWALK, CT 06850 |  |
| TITLE          | TD                | <input checked="" type="checkbox"/> Delete |
| NAME           | MESSINA, JAMES    | (as officer)                               |
| STREET ADDRESS | 20 GLOVE AVENUE   | (remains Director)                         |
| CITY-ST-ZIP    | NORWALK, CT 06850 |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | President and Director           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Glenn W. Reed                    |  |
| STREET ADDRESS | 9151 Grapevine Highway           |  |
| CITY-ST-ZIP    | North Richland Hills, TX 76180   |  |
| TITLE          | Ass't Secretary & Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Richard Bierman                  |  |
| STREET ADDRESS | 20 Glover Avenue                 |  |
| CITY-ST-ZIP    | Norwalk CT 06850                 |  |
| TITLE          | Treasurer                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Connie Palacios                  |  |
| STREET ADDRESS | 9151 Grapevine Highway           |  |
| CITY-ST-ZIP    | North Richland Hills Tx 76180    |  |
| TITLE          | Secretary                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Peggy G. Simpson                 |  |
| STREET ADDRESS | 9151 Grapevine Highway           |  |
| CITY-ST-ZIP    | North Richland Hills Tx 76180    |  |
| TITLE          | Vice President                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lisa Schutte                     |  |
| STREET ADDRESS | 20 Glover Avenue                 |  |
| CITY-ST-ZIP    | Norwalk CT 06850                 |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without, I am empowered.

SIGNATURE: *Richard E. Bierman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RICHARD E. BIERMAN**

Date: **1/26/05** (203) 229-1202  
 Daytime Phone #

**ATTACHMENT**

A0011301  
# F0000000 5486

**HealthMarket Administrative Services Inc.**  
**EIN# 06-1593685**

**Officers and Directors Listing**

| <b>Name</b>        | <b>Title</b>                       | <b>Address</b>   |
|--------------------|------------------------------------|--|
| Glenn W. Reed      | President                          | 9151 Grapevine Highway<br>North Richland Hills, TX 76180 |
| Lisa S. Schulte    | Vice President                     | 20 Glover Avenue<br>Norwalk, CT 06850                    |
| Connie Palacios    | Treasurer                          | 9151 Grapevine Highway<br>North Richland Hills, TX 76180 |
| Peggy G. Simpson   | Secretary                          | 9151 Grapevine Highway<br>North Richland Hills, TX 76180 |
| Richard E. Bierman | Ass't Secretary and Vice President | 20 Glover Avenue<br>Norwalk, CT 06850                    |
| Lisa S. Schulte    | Director                           | 20 Glover Avenue<br>Norwalk, CT 06850                    |
| James M. Messina   | Director                           | 20 Glover Avenue<br>Norwalk, CT 06850                    |
| Richard E. Bierman | Director                           | 20 Glover Avenue<br>Norwalk, CT 06850                    |
| Glenn'W. Reed      | Director                           | 9151 Grapevine Highway<br>North Richland Hills, TX 76180 |