

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000005486

FILED  
Jan 16, 2003  
Secretary of State

Entity Name: HEALTHMARKET ADMINISTRATIVE SERVICES INC.

**Current Principal Place of Business:**

20 GLOVER AVENUE  
NORWALK, CT 06850

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5360  
SOUTH NORWALK, CT 06856

**New Mailing Address:**

FEI Number: 06-1593685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MORRIS, GREGORY  
Address: 20 GLOVE AVENUE  
City-St-Zip: NORWALK, CT 06850

Title: SD ( ) Delete  
Name: BIERMAN, RICHARD  
Address: 20 GLOVE AVENUE  
City-St-Zip: NORWALK, CT 06850

Title: TD ( ) Delete  
Name: PAGANO, JOHN  
Address: 20 GLOVE AVENUE  
City-St-Zip: NORWALK, CT 06850

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. PAGANO

TD

01/16/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date