


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 406663
 1. Entity Name
HEALTHPLAN SERVICES, INC.



Principal Place of Business
 3501 FRONTAGE RD.
 TAMPA, FL 33607-3599

Mailing Address
 P.O. BOX 30098
 ATTN: LEGAL DEPT.
 TAMPA, FL 33630



01082004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1407300

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 RD.
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP SCHULTZ, ARTHUR T 3501 FRONTAGE ROAD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO FISHER, GREGORY C 3501 FRONTAGE RD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BAK, JEFFREY W 3501 FRONTAGE RD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDER, MARC J 5200 TOWN CENTER CIRCLE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP MATHEY, BARBARA 3501 FRONTAGE ROAD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP HUSLANDER, STEVEN V. 3501 FRONTAGE RD TAMPA, FL 33607

000000012157
 01/23/04-80067-014 150.00

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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 all other like empowered.

SIGNATURE:  **Jeffery W. Bak** **1/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #