

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 406663

FILED
Jan 03, 2008
Secretary of State

Entity Name: HEALTHPLAN SERVICES, INC.

Current Principal Place of Business:

3501 FRONTAGE RD.
TAMPA, FL 336073599

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1407300 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 RD.
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: EVPS () Delete
Name: SCHULTZ, ARTHUR T
Address: 3501 FRONTAGE ROAD
City-St-Zip: TAMPA, FL 33607

Title: CFO () Delete
Name: CHADWICK, THOMAS K
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: PT () Delete
Name: BAK, JEFFERY W
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CLARENCE, TERRY E
Address: 5200 TOWN CENTER CIRCLE #470
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: MATHEY, BARBARA
Address: 3501 FRONTAGE ROAD
City-St-Zip: TAMPA, FL 33607

Title: EVP () Delete
Name: HUSLANDER, STEVEN V
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DPT (X) Change () Addition
Name: BAK, JEFFERY W
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

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

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

Title: D (X) Change () Addition
Name: BRODY, MARK E
Address: 5200 TOWN CENTER CIRCLE #470
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS K. CHADWICK

CFO

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date