

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 406663

FILED  
Jan 08, 2009  
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:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DPT ( ) 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: D ( ) Delete  
Name: BRODY, MARK E  
Address: 5200 TOWN CENTER CIRCLE #470  
City-St-Zip: BOCA RATON, FL 33486

## 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:

Title: D (X) Change ( ) Addition  
Name: COSLER, STEVEN D  
Address: 333 W. WACKER DR. SUITE 1620  
City-St-Zip: CHICAGO, IL 60606

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

Title: D (X) Change ( ) Addition  
Name: VILLERS, NED H  
Address: 333 W. WACKER DR. SUITE 1620  
City-St-Zip: CHICAGO, IL 60606

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

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date