2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State **DOCUMENT # 591099** 05-18-2001 91555 020 ***150.00 1. Entity Name SERVICEPLAN OF FLORIDA, INC. Principal Place of Business Mailing Address 00055481 123 N. WACKER DR P.O. BOX 8264 CHICAGO IL 60606 CHICAGO IL 60680 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 48-0879232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7: Name and Address of New Registered Agent → 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State CR2E034 (11/00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D Change TITLE Delete TITLE COLE, DAVID L 123 N WACKER DR NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHICAGO IL 60606 Addition TITLE Delete TITLE Change V/D DÁVIS, GREGG 123 N.WACKER DR NAME NAME STREET ADDRESS STREET ADORESS CITY FST - ZIP CITYESTEZIP CHICAGO IL 60606 X Addition Change TITLE | | Delete TITLE AIGOTTI DIANE 123 N WACKER DR HARDY, ARLENE 123 N WACKER DR NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHICAGO IL 60606 CITY - ST - ZIP CHICAGO IL 60606 Change ППЕ Addition Deiete TITLE MARKOVITS, RONALD D 123 N WACKER DR NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHICAGO IL 60606 Addition Delete TITLE TITLE SHEPARD, ROBERT 123 N WACKER DR NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHICAGO IL 60606 Addition Delete TITLE TITLE BAER, JEROME I 123 N WACKER DR NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHICAGO IL 60606 13. 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

JEROME I. BAER VP-TAXES

in Block 11 or Block 12 if chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

May 18, 2001 8:00 am