2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # F00000005486** 04-24-2006 90390 017 ***150.00 1. Entity Name HEALTHMARKET ADMINISTRATIVE SERVICES INC. Mailing Address Principal Place of Business **20 GLOVER AVENUE** 9151 GRAPEVINE HIGHWAY NORWALK, CT 06850 NORTH RICHLAND HILLS, TX 76180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable 06-1593685 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Fiorida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VICE President & Assistant Socretary Change TITLE ☐ Delete TITLE REED, GLENN W Richard Bierman NAMÉ NAME 20 Gilover Avenue STREET ADDRESS 9151 GRAPEVINE HIGHWAY STREET ADDRESS Norwalk, CT 06850 NORTH RICHLAND HILLS, TX 76180 CITY-ST-ZIP CITY-ST-ZIP Delete Director ☐ Change Addition TITLE TITLE Lisa Schulte 20 Gilover A NAME BIERMAN, RICHARD NAME trenve STREET ADDRESS 20 GLOVE AVENUE STREET ADDRESS CT 06850 Norwalk CITY-ST-ZIP NORWALK, CT 06850 CITY-ST-ZIP Director ☐ Change Addition TITLE ☐ Deleté TITLE Gilenn W. Reed gist Grapevine Highway PALACIOS, CONNIE NAME NAME 9151 GRAPEVINE HIGHWAY STREET ADDRESS STREET ADDRESS North Richland Hills, てんいん CITY-ST-ZIP NORTH RICHLAND HILLS, TX 76180 CITY-ST-ZIP Addition TITLE XRYOV ☐ Change TITLE ☐ Delete Richard Bierman SIMPSON, PEGGY G NAME NAME 9151 GRAPEVINE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH RICHLAND HILLS, TX 76180 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE SCHULTZ, LISA NAME NAME 20 GLOVER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNDON CENTER, VT 05850 CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED

6/06

Daytime Phone #