
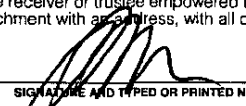


FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 90401 033 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F01000003177</b>					
1. Entity Name <b>HEALTHPLAN DATA CENTER, INC.</b>					
Principal Place of Business <b>C/O SUN HEALTHPLAN, LLC 5200 TOWN CENTER CIRCLE, #470 BOCA RATON, FL 33486</b>			Mailing Address <b>C/O SUN HEALTHPLAN, LLC 5200 TOWN CENTER CIRCLE, #470 BOCA RATON, FL 33486</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-2324177</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	TCD <input checked="" type="checkbox"/> Delete				
NAME	<b>LEDER, MARC J</b>				
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE, SUITE 470</b>				
CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>				
TITLE	SCD <input checked="" type="checkbox"/> Delete				
NAME	<b>KROUSE, RODGER R</b>				
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE, SUITE 470</b>				
CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>				
TITLE	V <input checked="" type="checkbox"/> Delete				
NAME	<b>TERRY, CLARENCE E</b>				
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE, SUITE 470</b>				
CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>				
TITLE	V <input checked="" type="checkbox"/> Delete				
NAME	<b>KALB, MICHAEL</b>				
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE, SUITE 470</b>				
CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>				
TITLE	V <input checked="" type="checkbox"/> Delete				
NAME	<b>LIFF, M. STEVEN</b>				
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE, SUITE 470</b>				
CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>				
TITLE	V <input checked="" type="checkbox"/> Delete				
NAME	<b>CALHOUN, KEVIN J</b>				
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE, SUITE 470</b>				
CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 exemption.					
SIGNATURE:  <b>KEVIN J CALHOUN</b> 4/30/04 561-394-0550					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

attachment

# 70100000377

**LIST OF OFFICERS & DIRECTORS OF  
HEALTHPLAN DATA CENTER, INC.**

November 15, 2003

**BOARD OF DIRECTORS**

**Leder, Marc J.  
Krouse, Rodger R.**

**OFFICERS**

<b>Bak, Jeffery W.</b>	<b>President &amp; Secretary</b>
<b>Schultz, Arthur T.</b>	<b>Vice President &amp; Treasurer</b>
<b>Fisher, Gregory C.</b>	<b>Chief Financial Officer &amp; Vice President</b>
<b>Hulslander, Steven V.</b>	<b>Executive Vice President, Chief Information Officer &amp; Assistant Secretary</b>
<b>Leder, Marc J.</b>	<b>Vice President</b>
<b>Krouse, Rodger R.</b>	<b>Vice President</b>
<b>Terry, Clarence E.</b>	<b>Vice President</b>
<b>Kalb, Michael H.</b>	<b>Vice President</b>
<b>Liff, M. Steven</b>	<b>Vice President</b>
<b>Kreilein, David L.</b>	<b>Vice President</b>
<b>Calhoun, Kevin J.</b>	<b>Vice President</b>
<b>Couch, C. Deryl</b>	<b>Vice President &amp; Assistant Secretary</b>
<b>King, T. Scott</b>	<b>Vice President</b>
<b>Neimark, Jason H.</b>	<b>Vice President</b>