

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003177

FILED
Apr 28, 2005
Secretary of State

Entity Name: HEALTHPLAN DATA CENTER, INC.

Current Principal Place of Business:

C/O SUN HEALTHPLAN, LLC
5200 TOWN CENTER CIRCLE, #470
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

C/O SUN HEALTHPLAN, LLC
5200 TOWN CENTER CIRCLE, #470
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 52-2324177

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 ROAD
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: VP () Delete
Name: LEDER, MARC J
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: KROUSE, RODGER R
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

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

Title: V () Delete
Name: KALB, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: LIFF, M. STEVEN
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: CALHOUN, KEVIN J
Address: 5200 TOWN CENTER CIRCLE, SUITE 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARC J LEDER

VP

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date