2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003177

Entity Name: HEALTHPLAN DATA CENTER, INC.

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:	
5200 TOW	HEALTHPLAN VN CENTER C TON, FL 3348	CÍRCLE, #470			
Current Mailing Address:			New Mai	New Mailing Address:	
5200 TOW	HEALTHPLAN /N CENTER C TON, FL 3348	CIRCLE, #470			
FEI Number	: 52-2324177	FEI Number Applied For ()	FEI Number Not Ap	oplicable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name ar	nd Address of New Registered Agent:	
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 3332	ND ROAD			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	g its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIO	DNS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LEDER, MARC	ENTER CIRCLE, SUITE 470	Title: Name: Address: City-St-Zip	D (X) Change () Addition TERRY, CLARENCE E 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	
Title: Name: Address: City-St-Zip:	KROUSE, ROI	ENTER CIRCLE, SUITE 470	Title: Name: Address: City-St-Zip	D (X) Change () Addition KREILEIN, DAVID 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	
Title: Name: Address: City-St-Zip:	TERRY, CLAR	ENTER CIRCLE, SUITE 470	Title: Name: Address: City-St-Zip	DPSC (X) Change () Addition BAK, JEFF 3501 FRONTAGE ROAD TAMPA, FL 33607	
Title: Name: Address: City-St-Zip:	KALB, MICHAE	ENTER CIRCLE, SUITE 470	Title: Name: Address: City-St-Zip	CFO (X) Change () Addition CHADWICK, THOMAS 3501 FRONTAGE ROAD TAMPA, FL 33607	
Title: Name: Address: City-St-Zip:	LIFF, M. STEV	ENTER CIRCLE, SUITE 470	Title: Name: Address: City-St-Zip	VPT (X) Change () Addition SCHULTZ, ARTHUR 3501 FRONTAGE ROAD TAMPA, FL 33607	
Title: Name: Address:	CALHOUN, KE	ENTER CIRCLE, SUITE 470	Title: Name: Address:	SVP (X) Change () Addition FISHER, GREGORY 3501 FRONTAGE ROAD	

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID KREILEIN D 04/14/2006