

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003177

FILED  
Apr 07, 2008  
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:

3501 FRONTAGE RD  
ATTN: LEGAL DEPT  
TAMPA, FL 33607

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

Title: D ( ) Delete  
Name: BRODY, MARK  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: DPSC ( ) Delete  
Name: BAK, JEFF  
Address: 3501 FRONTAGE ROAD  
City-St-Zip: TAMPA, FL 33607

Title: CFO ( ) Delete  
Name: CHADWICK, THOMAS  
Address: 3501 FRONTAGE ROAD  
City-St-Zip: TAMPA, FL 33607

Title: VPT ( ) Delete  
Name: SCHULTZ, ARTHUR  
Address: 3501 FRONTAGE ROAD  
City-St-Zip: TAMPA, FL 33607

Title: SVP ( ) Delete  
Name: FISHER, GREGORY  
Address: 3501 FRONTAGE ROAD  
City-St-Zip: TAMPA, FL 33607

## 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 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: JEFFERY W. BAK

DPSC

04/07/2008

Electronic Signature of Signing Officer or Director

Date