FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000792 (3)

1. Corporation Name
GROUP PLAN CLINIC, INC.

Principal Place of Business	Mailing Address
1775 ST. JAMES PLACE SUITE 200 HOUSTON TX 77056	1775 ST. JAMES PLACE SUITE 200 HOUSTON TX 77056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 74-2017248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	C/D	☐ Change ☒ Addition
NAME	CONSIDINE, JAMES F	12 NAME	Waxman, Albert S.	
STREET ADDRESS	1775 ST. JAMES PLACE, STE. 200	13 STREET ADDRESS	One Maynard Dr.	
CITY-ST-ZIP	HOUSTON TX 77056	14 CITY-ST-ZIP	Park Ridge, NJ 07656	
TITLE	V	21 TITLE	V/D	☐ Change ☒ Addition
NAME	SMITH, JOSEPH V	22 NAME	Halper, Arthur H.	
STREET ADDRESS	1775 ST. JAMES PLACE, STE. 200	23 STREET ADDRESS	One Maynard Dr.	
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	Park Ridge, NJ 07656	
TITLE	VS	31 TITLE	V/S	☒ Change ☐ Addition
NAME	O'SHEA, DOROTHY W	32 NAME	Stell, Donna	
STREET ADDRESS	1775 ST. JAMES PLACE, STE. 200	33 STREET ADDRESS	1775 St. James Place, Suite 200	
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP	Houston, TX 77056	
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	HAECKEL, SHIRLEY W	42 NAME	Charleson, Donna	
STREET ADDRESS	1775 ST. JAMES PLACE, STE. 200	43 STREET ADDRESS	1775 St. James Place, Suite 200	
CITY-ST-ZIP	HOUSTON TX	44 CITY-ST-ZIP	Houston, TX 77056	
TITLE		51 TITLE	V/D	☐ Change ☒ Addition
NAME		52 NAME	Lenahan, Michael G.	
STREET ADDRESS		53 STREET ADDRESS	One Maynard Dr.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Park Ridge, NJ 07656	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Kennedy, Shannon	
STREET ADDRESS		63 STREET ADDRESS	One Maynard Dr.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Park Ridge, NJ 07656	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph V Smith JOSEPH V SMITH EVP & COO 4/10/95 713/871-0821
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0478001 FP