

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000792

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: GROUP PLAN CLINIC, INC.

## Current Principal Place of Business:

24 GREENWAY PLAZA  
SUITE 725  
HOUSTON, TX 77046

## New Principal Place of Business:

## Current Mailing Address:

6850 COLUMBIA GATE WAY DR.  
STE 400  
COLUMBIA, MD 21046 US

## New Mailing Address:

FEI Number: 74-2017248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P ( ) Delete  
Name: DEMILIO, MARK S  
Address: 16 MUNSON ROAD  
City-St-Zip: FARMINGTON, CT 06032

Title: DT ( ) Delete  
Name: DEMILLO, MARK S  
Address: 16 MUNSON ROAD  
City-St-Zip: FARMINGTON, CT 06032

Title: S ( ) Delete  
Name: CUMMINGS, ANDREW  
Address: 90 WILLIAM STREET, STE 1002  
City-St-Zip: NEW YORK, NY 10038

Title: AS ( ) Delete  
Name: MCQUILLEN, MICHAEL P  
Address: 6950 COLUMBIA GATEWAY DRIVE., #400  
City-St-Zip: COLUMBIA, MD 21046

Title: D ( ) Delete  
Name: LERER, RENE  
Address: 16 MUNSON ROAD  
City-St-Zip: FARMINGTON, CT 06032

Title: D ( ) Delete  
Name: SHAPIRO, IRENE  
Address: 16 MUNSON ROAD  
City-St-Zip: FARMINGTON, CT 06032

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEMILIO, MARK S  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: DT (X) Change ( ) Addition  
Name: DEMILLO, MARK S  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

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

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

Title: D (X) Change ( ) Addition  
Name: LERER, RENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: D (X) Change ( ) Addition  
Name: SHAPIRO, IRENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

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: MARK S. DEMILIO

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date