2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# F92000000792

Entity Name: GROUP PLAN CLINIC, INC.

Current Principal Place of Business:

24 GREENWAY PLAZA
SUITE 725
HOUSTON, TX 77046

New Principal Place of Business:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046 US

Current Mailing Address:

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

New Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: CUMMINGS, ANDREW
Address: 65 BROADWAY, STE 904
City-St-Zip: NEW YORK, NY 10006 US

Title: AS (X) Change ( ) Addition
Name: MCQUILLEN, MICHAEL P
Address: 6950 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

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

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

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: MARK S. DEMILIO P 05/03/2007

Electronic Signature of Signing Officer or Director Date