


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90037 004 \*\*\*550.00

**DOCUMENT # F99000005575**

1. Entity Name  
**HEALTH NET FEDERAL SERVICES, INC.**



Principal Place of Business  
**2025 AEROJET ROAD  
 RANCHO CORDOVA, CA 95742**

Mailing Address  
**2025 AEROJET ROAD  
 LEGAL DEPARTMENT  
 RANCHO CORDOVA, CA 95742**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



07052005 Chg-P CR2E034 (10/03)

4. FEI Number  
**68-0214809**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD GILBERTSON, PAUL 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Daria Eppey 2025 Aerojet Road Rancho Cordova CA 95742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD WOYS, JAMES E 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE, CHARLES D 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YATES, BEN 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFF, JONATHAN MD 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Rivera, Pedro MD 2107 Wilson Boulevard, Suite 900 Arlington, VA 22201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, SCOTT 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Kelly, Scott 2107 Wilson Boulevard, Suite 900 Arlington, VA 22201

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other aka empowered.

SIGNATURE: Charles D. Rose Secretary July 6, 2005 Date 916-353-6655 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR