

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25864

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: HEALTH PLAN ADMINISTRATORS, INC.

## Current Principal Place of Business:

3703 N. MAIN STREET  
ROCKFORD, IL 61103

## New Principal Place of Business:

523 COLMAN CENTER DRIVE  
ROCKFORD, IL 61108

## Current Mailing Address:

3703 N. MAIN STREET  
ROCKFORD, IL 61103

## New Mailing Address:

523 COLMAN CENTER DRIVE  
ROCKFORD, IL 61108

FEI Number: 36-3439979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSLOSKE, MICHAEL W.  
15438 N FLORIDA AVE  
SUITE 105  
TAMPA, FL 33613 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: KOSLOSKE, MICHAEL W  
Address: 15438 N. FLORIDA AVE #105  
City-St-Zip: TAMPA, FL 33613 US

Title: SCOO ( ) Delete  
Name: KETTIG, DAVID  
Address: 10 BYRON LANE  
City-St-Zip: LARCHMONT, NY 10538 US

Title: D ( ) Delete  
Name: WOOD, STEPHEN  
Address: 6515 N 27TH ST.  
City-St-Zip: PHOENIX, AZ 85016

Title: D ( ) Delete  
Name: THUNG, ROY  
Address: 33 BALMORAL CRESENT  
City-St-Zip: WHITE PLAINS, NY 10607

Title: CEO ( ) Delete  
Name: WOOD, SCOTT  
Address: 5818 E GRANDVIEW AVE  
City-St-Zip: SCOTTSDALE, AZ 85254

Title: CFO ( ) Delete  
Name: BALZOFIORE, GARY  
Address: 56 JOLINE AVE  
City-St-Zip: STATEN ISLAND, NY 10307

## 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 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: STEPHEN A WOOD

D

01/20/2006

Electronic Signature of Signing Officer or Director

Date