

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25864

FILED
Apr 10, 2007
Secretary of State

Entity Name: HEALTH PLAN ADMINISTRATORS, INC.

Current Principal Place of Business:

523 COLMAN CENTER DRIVE
ROCKFORD, IL 61108

New Principal Place of Business:

Current Mailing Address:

523 COLMAN CENTER DRIVE
ROCKFORD, IL 61108

New Mailing Address:

FEI Number: 36-3439979

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 32301 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 (X) 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: PCEO (X) Change () Addition
Name: WOOD, SCOTT M
Address: 2101 W. PEORIA AVE, SUITE 100
City-St-Zip: PHOENIX, AZ 85029 US

Title: VP (X) Change () Addition
Name: KETTIG, DAVID
Address: 485 MADISON AVE
City-St-Zip: NEW YORK, NY 10022 US

Title: VP (X) Change () Addition
Name: COHEN, GREGORY L
Address: 2101 W. PEORIA AVE, SUITE 100
City-St-Zip: PHOENIX, AZ 85029

Title: S (X) Change () Addition
Name: VANDERVOORT, ADAM C
Address: 485 MADISON AVE 14TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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: GREGORY COHEN

VP

04/10/2007

Electronic Signature of Signing Officer or Director

Date