

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P25864

FILED
Mar 31, 2003
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:

Current Mailing Address:

3703 N. MAIN STREET
ROCKFORD, IL 61103

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:

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: PD () Delete
Name: KOSLOSKE, MICHAEL W
Address: 15438 N. FLORIDA AVE #105
City-St-Zip: TAMPA, FL

Title: STD () Delete
Name: HERSHBERGER, MICHAEL D.
Address: 3703 N. MAIN ST.
City-St-Zip: ROCKFORD, IL

Title: S (X) Delete
Name: KOSLOSKE, CONSTANCE A
Address: 3703 N. MAIN ST.
City-St-Zip: ROCKFORD, IL 61103

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: C () Change (X) Addition
Name: SCHOUAKER, CHARLES
Address: 5623 E. CACTUS WREN
City-St-Zip: PARADISE VALLEY, AZ 85253

Title: C () Change (X) Addition
Name: WALKER, KIM
Address: 1319 CANTERBURY LANE
City-St-Zip: GLENVIEW, IL 60025

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL KOSLOSKE

PD

03/31/2003

Electronic Signature of Signing Officer or Director

Date