

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014758

FILED
Jan 10, 2006
Secretary of State

Entity Name: MANAGED HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

1100 N.E. 51ST. STREET
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

C/O GENERAL COUNSEL, HEALTHEXTRAS, INC.
800 KING FARM BLVD., 4TH FLOOR
ROCKVILLE, MD 20850

New Mailing Address:

FEI Number: 65-0609060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

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: _____

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SACK, KENNETH J
Address: 1100 NE 51TH ST
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: BLAIR, DAVID T
Address: 800 KING FARM BLVD, 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850

Title: DCFO () Delete
Name: DONOVAN, MICHAEL P
Address: 800 KING FARM BLVD, 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850

Title: VPS () Delete
Name: FARAH, THOMAS M
Address: 800 KING FARM BLVD, 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SACK, KENNETH J
Address: 1100 NE 51ST ST
City-St-Zip: OAKLAND PARK, FL 33334

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: THOMAS M. FARAH

VPS

01/10/2006

Electronic Signature of Signing Officer or Director

Date