

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014758

FILED
Feb 05, 2008
Secretary of State

Entity Name: MANAGED HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

6301 NW 5TH WAY
SUITE 5010
FT. LAUDERDALE, FL 33309

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
PLANTATION, FL 33324 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 (X) Delete
Name: SACK, KENNETH J
Address: 6301 NW 5TH WAY, SUITE 5010
City-St-Zip: FT. LAUDERDALE, FL 33309

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

Title: DCFO () Delete
Name: HUNT, RICHARD W
Address: 800 KING FARM BLVD, 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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. FARAHA

VPS

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date