DOCUMENT # P.97000107149					P8193		
4	SHPS, Inc.	1			,		
Deinalaus Ole	d 0	Markey Addition			FIL	_ED	
Principal Place of Business 11405 Bluegrass Parkwayy		Mailing Address 11405 Bluegrass Parkway Louisville, KY 40299		kwav	100 SEP -5 AM 8: 49		
Louisville, KY 40299				•			
2. Principal Place of Business		3. Mailing Address		SECRETA DE STATE TALLAHASSEE, FLORIDA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		06/12/00 9002	ITE IN THIS SPACE 7	<b>5</b> ・
City & State		City & Stale			4. FEI Number Applied For		
Zip	Country	Zip	Country		59-3484556		loi Applicable
	6 Name and Address of Comme		· · · · · · · · · · · · · · · · · · ·	j	5. Certificate of Status Desired	Fee Requin	
• =	6. Name and Address of Current	Kegistered Agent		vame	7. Name and Address of New I بوساد، بهت مستحد شده، مستود	Registered Agent	
Corporation Service Company				Street Address (P.O. Box Number is Not Acceptable)			
1201 Hays Street							
Tallahassee, Florida 32301-2525				Nin.	• • • • • • • • • • • • • • • • • • • •		
				City FL Zip Code			
8. The above	e named entity submits this statement for	the purpose of changing its	registered o	office or registere	ed agent, or both, in the State of Fi	orida.	İ
SIGNATURE							
•	Signature, typed or printed name of registered egent a	no lide il applicable (NOTE	Registered Ag	ent signature required	when reinstaling)	DATE	
Tax filing a	bration is eligible to satisfy its intangible requirement and elects to do so.   If an back)	After MAY   200 Make Check Payabi	C Fee wil	be \$550.00	10. Election Campaign Fit Trust Fund Contribution	, – ,	30 May 8e d to Fees
11,	OFFICERS AND I	DIRECTORS	12.	ing series des directions des	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	SIN 11
TITLE	Garner, David E.	☐ Oelete	TITLE NAME			Change	Addition
STREET ADDRESS	11405 Bluegrass Park	way	STREET AC				
CITY-SI-ZIP	Louisville, KY 4029	9	CIY-ST-	ар			
TITLE NAME	GAnnett, John D.	☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS	11405 Bluegrass Park	way	STREET AC	1			
CITY-ST-ZP ·	Louisville. KY 4029	_	_CITY-SI-	<sup>2</sup> P   -			
NAME	Beckler, Christine L	☐ Oeleta	TITLE		•	Change	Addition
STREET ADDRESS	11405 Bluegrass Park		STREET AD	1			
CITY-SI-ZIP	Louisville, KY 4029	9 Delete	CITY-ST-7	<u> </u>			
NAME	Sykes, John H.		name			Change	Addition
STREET ADORESS CITY-ST-ZIP	100 North Tampa Street Tampa, FL 33602	et, Suite 3900	STREET AD CITY-ST-2				
TITLE NAME	D MacClare 1 0	☐ Deteta	TITLE	}		Change	Addition
STREET ADDRESS	McClintock-Greco, Lin 3200 South Ashley Dr:	nda M.D.	NAME STREET AD	DRESS			
CITY-ST-ZP	Tampa, FL 33602		CITY-ST-Z	IP .		-	ļ
TITLE .		Delete	TITLE			Change	Addition
STREET ADDRESS	,		NAME Street ad	CRESS		5	P
CITY-ST-ZIP	·	•	CITY-ST-Z	L			
<ol> <li>I hereby conditional indicated of the corporation of the corporation.</li> </ol>	artify that the information supplied with to on this report or supplemental report is to oration or the receiver at trustee employ or on an attachment byth an address; with the control of the control o	his filling does not availity for ti rue and accurate and that my vered to execute five report as thail other like emowered.	he exempti signature : s required b	on stated in Sect shall have the sa by Chapter 607, (	tion 119.07(3)(i), Fiorida Statutes, I ime legal effect as if made under o Florida Statutes; and that my name		1
SIGNAT	URE:	HTED NAME OF SIGNING OFFICER OR		vid E. G	arner 05/17/00	(502) 26	7-3277

0/14/00-2000-007-5150.75-5150.75

Date





August 7, 2000

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: SHPS, Inc., reference number P97000107149, EIN 59-3484556

Dear Sir or Madam:

The purpose of this letter is to request a waiver of the \$400 late filing fee imposed upon SHPS, Inc.

SHPS, Inc. did not receive the 2000 Uniform Business Report prior to the May 1, 2000 deadline. As shown by the attached letter, we requested the required forms from "yfisher" on May 9, 2000, and were told at that time that the late filing fee would not be imposed if a letter of explanation was sent with our completed reports.

We filed the report as instructed, but were still assessed the late fee of \$400.00. We returned the report on June 28, 2000, with a letter explaining the above. When our report was returned for a second time, we called the Division of Corporations and spoke to Tyrone, who advised us to send another letter of explanation. Attached, for your convenience, are copies of our previous correspondence.

We respectfully request that you accept our original filing and remove the late filing fees of \$391.25 from the account of SHPS, Inc.

If you have any questions, please do not hesitate to contact me by calling (502) 267-3184, or by writing to the address shown below.

Sincerely,

Cathy Wells
SHPS, Inc.



June 28, 2000

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: SHPS, Inc., reference number P97000107149, EIN 59-3484556; and

Sykes HealthPlan Service Bureau, Inc., reference number P97000002197, EIN 61-1169763

Dear Sir or Madam:

The purpose of this letter is to request a waiver of the \$400 late filing fees for both SHPS, Inc., and Sykes HealthPlan Service Bureau, Inc.

Neither SHPS. Inc., nor Sykes HealthPlan Service Bureau, Inc., received their 2000 Uniform Business Report prior to the May 1, 2000 deadline. As shown by the attached letter, we requested the required forms from "yfisher" on May 9, 2000, and were told at that time that the late filing fee would not be imposed if a letter of explanation was sent with our completed reports. A copy of our letter of explanation is also attached.

Therefore, we respectfully request that you accept our original filing and remove the late filing fees of \$391.25 from the accounts of both SHPS, Inc., and Sykes HealthPlan Service Bureau, Inc.

If you have any questions, please do not hesitate to contact me by calling (502) 267-3135, or by writing to the address shown below.

Sincerely,

David P. Harck

David P. Haick General Counsel

enclosures