

**2025 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 406663

**Entity Name:** HEALTHPLAN SERVICES, INC.

**Current Principal Place of Business:**

4110 GEORGE ROAD  
TAMPA, FL 33634

**Current Mailing Address:**

4110 GEORGE ROAD  
TAMPA, FL 33634 US

**FEI Number:** 59-1407300

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO/TREASURER/SECRETARY/DIRECTOR  
Name AGARWALA, BIKASH  
Address 2 TOWER CENTER BOULEVARD  
SUITE 2200  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title ASSISTANT SECRETARY  
Name WILLIAMS, IRENE  
Address 3701 BOARDMAN-CANFIELD ROAD  
BUILDING B  
City-State-Zip: CANFIELD OH 44406

Title PRESIDENT, CEO  
Name RHOADES, DEANA  
Address 4110 GEORGE ROAD  
City-State-Zip: TAMPA FL 33634

Title DIRECTOR  
Name BANDARU, NAGENDRA  
Address 5445 LEGACY DRIVE  
SUITE 300  
City-State-Zip: PLANO TX 75024

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEANA RHOADES

**PRESIDENT/CEO**

**08/21/2025**

Electronic Signature of Signing Officer/Director Detail

Date