

2025 FLORIDA PROFIT CORPORATION 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:** No**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 ASSISTANT SECRETARY
Name NAJERA, JAIME
Address 4110 GEORGE ROAD
City-State-Zip: TAMPA FL 33634

Title VP
Name JHUNJHUNWALA, BAJRANG LAL
Address 4110 GEORGE ROAD
City-State-Zip: TAMPA FL 33634

Title CFO/TREASURER/SECRETARY
Name AGARWALA, BIKASH
Address 4110 GEORGE ROAD
City-State-Zip: TAMPA FL 33634

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

Title DIRECTOR
Name JHUNJHUNWALA, BAJRANG LAL
Address 4110 GEORGE ROAD
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name BANDARU, NAGENDRA
Address 4110 GEORGE ROAD
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name AGARWALA, BIKASH
Address 4110 GEORGE ROAD
City-State-Zip: TAMPA FL 33634

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****04/07/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date