

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 406663

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

**Current Principal Place of Business:**

6700 LAKEVIEW CENTER DRIVE  
ATTN: LEGAL DEPARTMENT  
TAMPA, FL 33619

**Current Mailing Address:**

P.O. BOX 30098  
ATTN: LEGAL DEPT.  
TAMPA, FL 33630

**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            PRESIDENT, CEO  
Name            BAK, JEFFERY W  
Address        3501 FRONTAGE RD  
City-State-Zip: TAMPA FL 33607

Title            VP, DIRECTOR  
Name            BANDARU, NAGENDRA  
Address        15455 DALLAS PARKWAY  
                  SUITE 1450  
City-State-Zip: ADDISON TX 75001

Title            VP, DIRECTOR  
Name            CHAWLA, ASHISH  
Address        2 TOWER CENTER BLVD  
                  SUITE 2200  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title            VP, DIRECTOR  
Name            BALASUBRAMANIAN, N S  
Address        425 NATIONAL AVENUE  
                  SUITE 200  
City-State-Zip: MOUNTAIN VIEW CA 94043

Title            ASSISTANT SECRETARY, SVP,  
                  CONTROLLER  
Name            FISHER, GREGORY C.  
Address        6700 LAKEVIEW CENTER DRIVE  
City-State-Zip: TAMPA FL 33619

*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: JEFFERY W. BAK**

**PRESIDENT**

**03/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date