

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 406663

**Entity Name:** HEALTHPLAN SERVICES, INC.**Current Principal Place of Business:**3501 FRONTAGE RD.  
TAMPA, FL 33607-3599**Current Mailing Address:**P.O. BOX 30098  
ATTN: LEGAL DEPT.  
TAMPA, FL 33630**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	D
Name	SCHULTZ, ARTHUR T
Address	3501 FRONTAGE ROAD
City-State-Zip:	TAMPA FL 33607

Title	DCFOT
Name	SAFT, STEPHEN M
Address	3501 FRONTAGE RD
City-State-Zip:	TAMPA FL 33607

Title	DP
Name	BAK, JEFFERY W
Address	3501 FRONTAGE RD
City-State-Zip:	TAMPA FL 33607

Title	S
Name	MULROE, KAREN
Address	3510 FRONTAGE RD
City-State-Zip:	TAMPA FL 33607

Title	V
Name	MATHEY, BARBARA
Address	3501 FRONTAGE ROAD
City-State-Zip:	TAMPA FL 33607

Title	SVP
Name	FISHER, GREGORY C
Address	3501 FRONTAGE RD
City-State-Zip:	TAMPA FL 33607

*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****04/07/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date