

**2013 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

Title COO  
Name KRISTIN BACA  
Address 3501 FRONTAGE RD.  
City-State-Zip: TAMPA FL 33607-3599

*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**

**04/02/2013**

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

\_\_\_\_\_  
Date