

2024 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:

P.O. BOX 30098
ATTN: BUSINESS ENTITY LICENSING
TAMPA, 33630 UN

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 DIRECTOR
Name BANDARU, NAGENDRA
Address 5445 LEGACY DR.
STE 300
City-State-Zip: PLANO TX 75024

Title ASST. SECRETARY
Name NAJERA, JAIME
Address 780 BROOKSEdge PLAZA DRIVE
City-State-Zip: WESTERVILLE OH 43081

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

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

Title VICE PRESIDENT & DIRECTOR
Name JHUNJHUNWALA, BAJRANG
Address 425 NATIONAL AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

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

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date