

2014 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****03/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date