

2019 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 AND CEO
Name MOLINA, SUSAN
Address 6700 LAKEVIEW CENTER DRIVE
 ATTN: LEGAL DEPARTMENT
City-State-Zip: TAMPA FL 33619

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

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

Title DIRECTOR
Name BALASUBRAMANIAN, N S
Address 425 NATIONAL AVENUE
 SUITE 200
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: SUSAN RAWLINGS MOLINA

PRESIDENT & CEO

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date