

F 02000005280

TO: Registration Section
Division of Corporations

SUBJECT: American Association for Medical Benefits

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert J. Theisen

(Name of Person)

American Association for Medical Benefits

(Firm/Company)

3901 West Vickery Blvd., Ste. 3

(Address)

Fort Worth, TX 76107

(City/State and Zip code)

800008163858--3
-10/03/02--01013--005
*****87.50 *****87.50

W02-28734

For further information concerning this matter, please call:

Robert Theisen

(Name of Person)

at (817) 732-8337

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

02 OCT 22 AM 9:12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W02 10/22

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

7p



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 4, 2002

ROBERT J. THEISEN
AMERICAN ASSOCIATION FOR MEDICAL BENEFIT
3901 WEST VICKERY BLVD., STE. 3
FORT WORTH, FL 76107

SUBJECT: AMERICAN ASSOCIATION FOR MEDICAL BENEFITS
Ref. Number: W02000028734

We have received your document for AMERICAN ASSOCIATION FOR MEDICAL BENEFITS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please note that this addition is for your filing in Florida only, and does not affect your filing in Texas in any way.

Your certificate from Texas states that the corporation is a non-profit entity. Enclosed is the correct form for a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 602A00055851

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 22 AM 9:12

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. American Association for Medical Benefits, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Texas

(State or country under the law of which it is incorporated)

3. 75-2570209

(FEI number, if applicable)

4. 12/01/1994

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 3634 Kingsbury, Richland Hills, TX 76118

(Principal office address)

3901 West Vickery Blvd., Ste. 3, Fort Worth, TX 76107

(Current mailing address)

8. Provider of Discounted goods and services to members.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays St.

Tallahassee

(City)

Florida 32301

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 22 AM 9:12

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert J. Theisen

Address: 3901 West Vickery Blvd., Ste. 3
Fort Worth, TX 76107

Vice Chairman: Ty Bruggemann

Address: 181 Grand Avenue, Ste. 207
Southlake, TX 76092

Director: Donna K. Walker

Address: 1604 McDavid Dr.
Aledo, TX 76008

Director:

Address:

B. OFFICERS

President: Robert J. Theisen

Address: 3901 West Vickery Blvd., Ste. 3
Fort Worth, TX 76107

Vice President: Ty Bruggemann

Address: 181 Grand Avenue, Ste. 207
Southlake, TX 76092

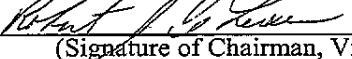
Secretary: Donna K. Walker

Address: 1604 McDavid Dr., Aledo, TX 76008

Treasurer: Robert J. Theisen

Address: 3901 West Vickery Blvd., Ste. 3, Fort Worth, TX 76107

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Theisen, Chairman
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 22 AM 9:12

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Gwyn Shea
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for AMERICAN ASSOCIATION FOR MEDICAL BENEFITS (filing number: 133571501), a Domestic Nonprofit Corporation, was filed in this office on December 01, 1994.

It is further certified that the entity status in Texas is active.

It is further certified that our records indicate ROBERT J THEISEN as the designated registered agent for the above named corporation and the designated registered office for said corporation is as follows:

3634 KINGSBURY

RICHLAND HILLS, TX - 76118 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 22, 2002.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 22 AM 9:12



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea
Secretary of state

Come visit us on the internet at <http://www.sos.state.tx.us/>

PHONE(512) 463-5555
Prepared by: SOS-WEB

FAX(512) 463-5709

TTY7-1-1