

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005280

FILED
Jun 15, 2004
Secretary of State**Entity Name:** AMERICAN ASSOCIATION FOR MEDICAL BENEFITS, INC.**Current Principal Place of Business:**3634 KINGSBURY
RICHLAND HILLS, TX 76118**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 100425
FORT WORTH, TX 761850425 US**New Mailing Address:****FEI Number:** 75-2570209**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: PCT () Delete
Name: THEISEN, ROBERT J
Address: 3634 KINGSBURY AVE.
City-St-Zip: FORT WORTH, TX 76118

Title: VVC () Delete
Name: BRUGGEMANN, TY
Address: 181 GRAND AVENUE, STE. 207
City-St-Zip: SOUTHLAKE, TX 76092

Title: SD () Delete
Name: WALKER, DONNA K
Address: 1604 MCDAVID DR.
City-St-Zip: ALEDO, TX 76008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. THEISEN

PCT

06/15/2004

Electronic Signature of Signing Officer or Director

Date