2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# F02000005280

Entity Name: AMERICAN ASSOCIATION FOR MEDICAL BENEFITS, INC.

Current Principal Place of Business:

4704 HWY 3775
FORT WORTH, TX 76116

New Principal Place of Business:

4704 HWY 377 S
FORT WORTH, TX 76116

Current Mailing Address:

4704 HWY 3775
FORT WORTH, TX 76116 US

New Mailing Address:

4704 HWY 377 S
FORT WORTH, TX 76116

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: JIMMY II, WALKER K
Address: 1604 MCDAVID DR.
City-St-Zip: ALEDO, TX 76008

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 exemption stated in Chapter 119, 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: JIMMY K. WALKER, II VVC 04/23/2009
Electronic Signature of Signing Officer or Director — Date