

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000005280

FILED  
Apr 30, 2003  
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:**

33901 WEST VICKERY BLVD., STE. 3  
FORT WORTH, TX 76107

**New Mailing Address:**

P.O. BOX 100425  
FORT WORTH, TX 761850425 US

**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: 3901 WEST VICKERY BLVD., STE. 3  
City-St-Zip: FORT WORTH, TX 76107

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

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 THEISEN

PCT

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date