

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000635 (4)**

1. Corporation Name
HEALTH SPECIAL RISK, INC.

Principal Place of Business

**16479 DALLAS PKY
150
DALLAS TX 75248
US**

Mailing Address

**16479 DALLAS PARKWAY, SUITE 150
DALLAS TX 75248-6873
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

41-1365449

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4001 North Josey Lane

Suite, Apt. #, etc.

22 City & State

23 Carrollton, Texas

24 Zip

24 75007

25 Country

25 USA

2a. Mailing Address

26 4001 North Josey Lane

Suite, Apt. #, etc.

27 City & State

28 Carrollton, Texas

29 Zip

29 75007

30 Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VP
PURTEC, ROBERT A
16479 DALLAS PARKWAY #150
DALLAS TE**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CD
MUNSON, PHILIP K
880 SIBLEY MEMORIAL HWY
MENDOTA HEIGHTS MN**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CEOD
BELL, CHARLES E.
880 SIBLEY MEMORIAL HWY
MENDOTA HEIGHTS MN**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
LENIHAN, THOMAS
16479 DALLAS PARKWAY #150
DALLAS TX**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
SAMDAHL, C. D.
16479 DALLAS PARKWAY, #150
DALLAS TX**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**VP
Linda Gail Chiles
4001 North Josey Lane
Carrollton, Texas 75007**

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

☐ Change ☐ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

☐ Change ☐ Addition

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

☐ Change ☐ Addition

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

☐ Change ☐ Addition

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Gail Chiles

Feb 18, 1998

972-492-6474

CR2E034 (10/97)