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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 14 1996 8:00 am  
Secretary of State

DOCUMENT # F93000000724 (5)

1. Corporation Name

CENTRA BENEFIT SERVICES, INC.



Principal Place of Business

Mailing Address

% LEININGER & ASSOC. DR.  
SUITE 158  
BLOOMINGTON MN 55425

1255 W. 15TH ST.  
SUITE 1000  
PLANO TX 75075  
US

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1255 W. 15th St.

26 7900 International Drive

4. FEI Number

75-2436070

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1000

27 Suite 158

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Plano, Texas

28 Bloomington, mn

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 75075 25 USA

29 55425 30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

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 (see Section 607.0505)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D LINEWEAVER, JON K	7416 COVENTRY WAY	EDINA MN
	SCD KAZEMINY, NASSER J	6800 CHEYENNE TRAIL	EDINA MN 55439
	D HASS, DONALD	510 ALVARADO LANE	PLYMOUTH MN
	PG VOLTMER, JOHN	5723 TWIN BROOKS DR.	DALLAS TX 75252
	TD MCGUIRE, JAMES	7420 COVENTRY WAY	EDINA MN 55439

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME
	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE
	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME
	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/96 612-5347777

CR2E034 (12/95)