

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.  
AMOUNT DUE ON OR BEFORE 6/30/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 11 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P11241 (7)**

1. Corporation Name:  
**HSA MANAGEMENT, INC.**

Principal Place of Business <b>ELEVEN GREENWAY PLAZA SUITE 3108 HOUSTON TX 77046</b>	Mailing Address <b>ELEVEN GREENWAY PLAZA SUITE 3108 HOUSTON TX 77046</b>
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DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified <b>08/25/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>76-0200162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent  
**MASER, JOEL D.  
1401 BRICKELL AVE.  
C/O GREENBERG, TRAURIG  
MIAMI FL 33131**

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>
NAME	<b>SCHNITZER, DOUG</b>
STREET ADDRESS	<b>12 GREENWAY PLAZA STE 1400</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>P</b>
NAME	<b>BLAISDELL, JOHN A</b>
STREET ADDRESS	<b>ELEVEN GREENWAY PLAZA, STE. 3108</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>TS</b>
NAME	<b>HENDERSON, TERRY</b>
STREET ADDRESS	<b>12 GREENWAY PLAZA STE 1400</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>V</b>
NAME	<b>MCGEE, MIKE</b>
STREET ADDRESS	<b>TEN GREENWAY PLAZA</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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: John A. Blaisdell **John A. Blaisdell** 6-30-95 713-623-4583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period

CP12E034 (3/95)