

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 APR 30 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11241 (7)
1. Corporation Name
HSA MANAGEMENT, INC.



Principal Place of Business: ELEVEN GREENWAY PLAZA SUITE 3100 HOUSTON TX 77046
Mailing Address: ELEVEN GREENWAY PLAZA SUITE 3100 HOUSTON TX 77046-1105

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	450 EAST LAS OLAS BLVD.	26	450 EAST LAS OLAS BLVD.	08/25/1986	09/20/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 SUITE 1500		27 SUITE 1500		76-0200162	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 FT. LAUDERDALE, FL		28 FT. LAUDERDALE, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	33301	25	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29	33301	30	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE 27TH FLOOR MIAMI FL 33131				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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, RICHARD C	1.2 NAME	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	1.3 STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VPS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, WILLIAM M	2.2 NAME	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	2.3 STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDEN, CRIS V	3.2 NAME	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	3.3 STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	500002161065--9
CITY-ST-ZIP		4.4 CITY-ST-ZIP	05/01/97--01001--021
TITLE		5.1 TITLE	***3300.00 ***165.00
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: CRIS V BRANDEN 4/24/97 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)