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

3. Date Incorporated or Qualified: **08/25/1986**
3a. Date of Last Report: **09/20/1996**

2. Principal Place of Business
21 450 EAST LAS OLAS BLVD.
Suite, Apt #, etc.
22 SUITE 1500
City & State
23 Ft. LAUDERDALE, FL
Zip 24 33301 Country 25 USA

2a. Mailing Address
26 450 EAST LAS OLAS BLVD.
Suite, Apt #, etc.
27 SUITE 1500
City & State
28 Ft. LAUDERDALE, FL
Zip 29 33301 Country 30 USA

4. FEI Number: **76-0200162** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
27TH FLOOR
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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ 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 ☐ DELETE	2.1 TITLE	☒ Change ☐ 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 ☐ DELETE	3.1 TITLE	☒ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	***3300.00 ****165.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 #

0495471