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	(Requestor's Name)					
<u> </u>	(Address)					
 _	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	P MAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



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SECRETARY OF STATE

D. WHITE MOY -9 2006



FIRM and AFFILIATE OFFICES

NEW YORK LONDON CHICAGO HOUSTON PHILADELPHIA SAN DIEGO SAN FRANCISCO DETROIT BOSTON WASHINGTON, DC ATLANTA MIAMI PITTSBURGH NEWARK ALLENTOWN WILMINGTON CHERRY HILL HARRISBURG BANGOR PRINCETON PALM BEACH

WESTCHESTER

LISA B. VESSELS, CP CERTIFIED PARALEGAL DIRECT DIAL: 305.960.2283 E-MAIL: lbvessels@duanemorris.com

www.duanemorris.com

November 7, 2006

VIA FEDEX

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Application of M. D. Anderson Physicians Network Corporation as a Foreign Not for Profit Corporation to Conduct its Affairs in Florida

To Whom It May Concern:

Enclosed please find the following materials required for the above-referenced filing:

- 1. Form Cover Letter
- 2. Completed application, with attachment listings of Corporate Officers and Board of Directors.
- 3. Texas Comptroller of Public Accounts Certificate of Account Status
- 4. Texas Secretary of State Certificate of Status
- 5. Articles of Incorporation and Amendments thereto.

Additionally, enclosed is a check in the amount of \$78.75 representing the requisite filing fee and fee required for the issuance of a Certificate of Status.

Lisa B. Vessels, CP

Paralegal

Enclosures

COVER LETTER

TO:	New Filing Division o									
SUBJE	ECT:	M.	D.	Anderson I	hysic	ians N	etv	work Corpo	ration	
Dear Si	r or Madam:	;		(**************************************	огрогия	1011 1111	.5. 1	inorado barriri,	,	
Affairs	in Florida",	"Ceri	ifica	Foreign Not f te of Existence onduct its affai	", and c	heck are	atic sul	on for Authori: bmitted to reg	zation to ister the a	Conduct its above referenced
Please r	eturn all cor	respo	nder	nce concerning	this ma	tter to th	e fo	ollowing:		•
		1	lugl	n C. Wilfon	g II, Name o	Presion f Person	der)	nt & CEO		
		1	1. I	. Anderson	Phys: (Firm/C	icians ompany	<u>Ne</u>)	etwork		
		_								_
			7505	South Mai	n Stre (Add	eet, Si Iress)	uit	ce 500		
			lous	ton, Texas (City		30 nd Zip C	ode	<u>:)</u>		_
For furtl	ner informat	ion c	once	ming this matte	er, pleas	e call:				
	racey Jone ura Gilch	ris			(at (_	713 713) <u>)</u>	745-9692 745-9690 & Daytime T		·
	(Nai	ne o	Pers	son)		(Area C	ode	& Daytime T	elephone	: Number)
]]]	MAILING AND Filing Strain of Government of G	Section Corpo 27	on oratio	ons				STREET/CO New Filing S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporation ling Eve Cente	r Circle
Enclosed	l is a check f	or th	e foll	lowing amount	:					
]\$70.00	Filing Fee			8.75 Filing Fee Certificate of St				Filing Fee & d Copy	— с	7.50 Filing Fee, ertificate of Status & ertified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corpor	ation: must include the	cians Network Co word "INCORPORATE ate that it is a corporation Co." may not be used as	D" or "COR" instead of a	PORATION' natural nerso	n or nartnershi	p if not so contained
2. Texas (State or coun	try under the law of wh	3nich it is incorporated)	·	(FEI numbe	er, if applicable	e)
		5.				
6 N/A	·	prior to registration. See s		_		
		et, Suite 500, F	louston,	Texas 770		
same	as above	(Current m	ailing addres	s)		
To en	phasize the cli	nical, education ne United States n home state or country t	nal, and	scientif		s of cancer care
		registered agent: (P.O.				
Name: _	CT Corporation	n System	_			
Office Address:	1200 South Pi	ne Island Road	_			06 NO
	Plantation	(City)	_, Florida _	33324	(Zip Code)	LEI 1-8 F
Having been nan designated in thi further agree to	s application, I herel comply with the prov	ent and to accept servion by accept the appointm isions of all statutes re to obligations of my pos	ent as regis clative to the	stered agent e proper and	and agree to d complete pe	poration at the place act in this capabity. I reformance of my duties,
	Justa.	Alfan	Assis	ictor Alfan		
		(Registered ag	genc's signatu	rej		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:	FUES
A. DIRECTORS	FILED 06 NOV -8 PM 1: 20
Chairman: Please see attached	TALLAHASSEE, FLORIDA
Address:	THULAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Distant	
Director:	
Address:	
Director:	•
Address:	
B. OFFICERS	
President: Please see attached	
Address:	
Vice President:	
Address:	
	
Secretary:	<u> </u>
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application list	ing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the one-line tion
14. (Signature of Chairman, Vice Chairman, or any officer listed to the control of the control o	j.

Corporate Officers

FILED

06 NOV -8 PM 1: 20

William A. Murphy, Jr., M.D. Chairman

SEGNETARY OF STATE FALLAHASSEE, FLORIDA

John M. Skibber, M.D. Vice Chairman

Hugh C. Wilfong II
President and Chief Executive Officer

William A. Hyslop Vice President and Chief Operating Officer

> Brigid Pace Vice President

Eric A. Strom, M.D. Secretary

7505 S. Main, Suite 500 Houston, Texas 77030 (713) 745-9600 FAX (713) 794-5025

wmurphy@mdanderson.org jskibber@mdanderson.org hwilfong@mdanderson.org whyslop@mdanderson.org bpace@mdanderson.org estrom@mdanderson.org

M. D. ANDERSON CANCER CENTER PHYSICIANS NETWORK OF BOARD OF DIRECTORS 2005-2006

Therese Bevers, M.D.

1515 Holcombe Boulevard, Unit 1322

CPB2.3578b

Houston, Texas 77030

Main: 713-785-8048 Fax: 713-745-8047

Assistant: Asuncion Moroi (58048)

Janet M. Bruner, M.D.

1515 Holcombe Boulevard, Unit 85

G1.3540

Houston, Texas 77030

Main: 713-792-6127 Fax: 713-792-4094

Assistant: Charlene D. Kesee (51613)

Maurie Markman, M.D.

1515 Holcombe Boulevard, Unit 121

R11.2133b

Houston, Texas 77030

Main: 713-745-7140 Fax: 713-563-9586

Assistant: Judy Vanoy (57139)

William A. Murphy, Jr., M.D.

1515 Holcombe Boulevard, Unit 57

B3.4534

Houston, Texas 77030

Main: 713-792-4916 Fax: 713-796-4629

Assistant: N/A

Eric Strom. M.D.

1515 Holcombe Boulevard, Unit 1202

ACBP1.2849

Houston, Texas 77030

Main: 713-563-2300 Fax: 713-563-6940

Assistant: Marie Turner (55069)

Thomas D. Brown, M.D., MBA

1515 Holcombe Boulevard, Unit 426

FC10.2052

Houston, Texas 77030

Main: 713-792-2828 Fax: 713-745-1163

Assistants: Sylvia Bazan (54438)

John J. Kavanagh, M.D.

1515 Holcombe Boulevard, Unit 1364

CPB6.3405

Houston, Texas 77030

Main: 713-792-7960 Fax: 713-745-1541

Assistant: Kim Williamson (31783)

Kevin W. McEnery, M.D.

1515 Holcombe Boulevard, Unit 57

B3.4309

Houston, Texas 77030

Main: 713-745-3439 Fax: 713-792-3390

Assistant: Brenda Sommerville (52007)

John Skibber, M.D.

1515 Holcombe Boulevard, Unit 444

FC12.3004

Houston, Texas 77030

Main: 713-792-5165 Fax: 713-745-5680

Assistant: Sharon D. Jackson (25165)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for M.D. ANDERSON PHYSICIANS NETWORK (file number: 132346201), a Domestic Nonprofit Corporation, was filed in this office on August 19, 1994.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate C T CORPORATION SYSTEM as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1021 MAIN STREET STE 1150

HOUSTON, TX - 77002 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 26, 2006.



Phone: (512) 463-5555

Roger Williams Secretary of State

Fax: (512) 463-5709 Prepared by: SOS-WEB

TTY: 7-1-1 Document: 145559830004