

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007007

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** M. D. ANDERSON PHYSICIANS NETWORK CORPORATION

**Current Principal Place of Business:**

7505 SOUTH MAIN STREET, SUITE 500  
HOUSTON, TX 77030

**New Principal Place of Business:**

**Current Mailing Address:**

7505 SOUTH MAIN STREET, SUITE 500  
HOUSTON, TX 77030

**New Mailing Address:**

FEI Number: 76-0449960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MURPHY, JR., WILLIAM A M.D.  
Address: 7505 SOUTH MAIN STREET, SUITE 500  
City-St-Zip: HOUSTON, TX 77030

Title: VC  
Name: SKIBBER, JOHN M M.D.  
Address: 7505 SOUTH MAIN STREET, SUITE 500  
City-St-Zip: HOUSTON, TX 77030

Title: VP  
Name: GILCHRIST, LAURA V  
Address: 7505 SOUTH MAIN STREET, SUITE 500  
City-St-Zip: HOUSTON, TX 77030

Title: PCEO  
Name: HYSLOP, WILLIAM A  
Address: 7505 SOUTH MAIN STREET, SUITE 500  
City-St-Zip: HOUSTON, TX 77030

Title: S  
Name: FISCH, MICHAEL J M.D.  
Address: 7505 S. MAIN, SUITE 500  
City-St-Zip: HOUSTON, TX 77030

Title: VP  
Name: PACE, BRIGID  
Address: 7505 SOUTH MAIN STREET, SUITE 500  
City-St-Zip: HOUSTON, TX 77030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. HYSLOP

PCEO

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date