

05-21-2002 91168 017 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F99 000006680**

1. Entity Name

**MEDINET PHYSICIAN SERVICES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**14800 LANDMARK**

Suite, Apt. #, etc

**SUITE 500**

City & State

**DALLAS, TX**

Zip

**75240**

Country

**USA**

3. Mailing Address

**14800 LANDMARK**

Suite, Apt. #, etc

**SUITE 500**

City & State

**DALLAS, TX**

Zip

**75240**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**75-2849690**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)

**1200 SOUTH PINE ISLAND ROAD**

City

**PLANTATION**

FL

Zip Code

**33324**

**DO NOT WRITE  
 IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PCD</b>
NAME	<b>SCHWARTZ, STUART R</b>
STREET ADDRESS	<b>14800 LANDMARK, SUITE 500</b>
CITY-ST-ZIP	<b>DALLAS, TX 75240</b>
TITLE	<b>V</b>
NAME	<b>PEREIRA, CHANDA</b>
STREET ADDRESS	<b>14800 LANDMARK, SUITE 500</b>
CITY-ST-ZIP	<b>DALLAS, TX 75240</b>
TITLE	<b>D</b>
NAME	<b>HALEY, JOHN M. O.</b>
STREET ADDRESS	<b>14800 LANDMARK, SUITE 500</b>
CITY-ST-ZIP	<b>DALLAS, TX 75240</b>
TITLE	<b>S</b>
NAME	<b>DANIELS, JOHN S.</b>
STREET ADDRESS	<b>7502 GREENVILLE AVE., SUITE 500</b>
CITY-ST-ZIP	<b>DALLAS, TX 75231</b>
TITLE	
NAME	
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 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

**STUART SCHWARTZ**

**(972) 892-7207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)