

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90324 009 ***550.00

0144367 AT

DOCUMENT # F99000006680

1. Entity Name
MEDINET PHYSICIAN SERVICES, INC.



Principal Place of Business
**14800 LANDMARK BLVD., SUITE 500
DALLAS TX 75240**

Mailing Address
**14800 LANDMARK BLVD., SUITE 500
DALLAS TX 75240**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **75-2849690**

Applied For
 Not Applicable

Zip **75254** Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! : FEE IS \$550.00
After September 10, 2003 fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PCD SCHWARTZ, STUART R	<input type="checkbox"/> Delete
STREET ADDRESS	14800 LANDMARK BLVD., SUITE 500	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE NAME	V PERERIA, CHANDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14800 LANDMARK BLVD., SUITE 500	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE NAME	D HALEY, JOHN M.D.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14800 LANDMARK BLVD., SUITE 500	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE NAME	S DANIELS, JOHN S	<input type="checkbox"/> Delete
STREET ADDRESS	7502 GREENVILLE AVE., SUITE 500	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:  **9. 5. 03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)