#### 2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007007

Entity Name: M. D. ANDERSON PHYSICIANS NETWORK CORPORATION

**FILED** May 04, 2020 Secretary of State 0481862228CC

## **Current Principal Place of Business:**

7007 BERTNER AVENUE LEVEL 10 SOUTH, 10.3212 HOUSTON, TX 77030

# **Current Mailing Address:**

7007 BERTNER AVENUE LEVEL 10 SOUTH, 10.3212 HOUSTON, TX 77030 US

FEI Number: 76-0449960 Certificate of Status Desired: No

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

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

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

Officer/Director Detail:

Title Title VΡ

MURPHY, JR., WILLIAM A. DR. Name Name GILCHRIST, LAURA V

Address 1515 HOLCOMBE BLVD, UNIT 57 Address 7007 BERTNER AVENUE

LEVEL 10 SOUTH, 10.3212 FCT15.6006

HOUSTON TX 77030 HOUSTON TX 77030 City-State-Zip: City-State-Zip:

Title **PCEO** Title

BROWN, MICHAEL W SIMEONE, WILLIAM J. Name Name

7007 BERTNER AVENUE 7007 BERTNER AVENUE Address Address LEVEL 10 SOUTH, 10.3212 LEVEL 10 SOUTH, 10.3212

HOUSTON TX 77030 HOUSTON TX 77030 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **DIRECTOR** 

LEVENBACK, CHARLES DR. Name MEHRAN, REZA DR. Name

1515 HOLCOMBE BLVD., UNIT 1489 1515 HOLCOMBE BLVD. Address Address

FCT19.5062 FCT12.5015

HOUSTON TX 77030 HOUSTON TX 77030 City-State-Zip: City-State-Zip:

Title Title **AVP** 

Name WONG, MELANIE Name KUO, EMILY

7007 BERTNER AVENUE 7007 BERTNER AVENUE Address Address LEVEL 10 SOUTH, 10.3212

LEVEL 10 SOUTH, 10.3212

HOUSTON TX 77030 City-State-Zip: HOUSTON TX 77030 City-State-Zip:

#### Continues on page 2

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.

05/04/2020 **PCEO** SIGNATURE: BROWN, MICHAEL W

Electronic Signature of Signing Officer/Director Detail

Date

Date

### Officer/Director Detail Continued:

Address

VΡ AVP Title Title

KELLER, LARRY BERGEN, KIMBERLY S Name Name

Address 7007 BERTNER AVENUE Address 7007 BERTNER AVENUE LEVEL 10 SOUTH, 10.3212 LEVEL 10 SOUTH, 10.3212

City-State-Zip: HOUSTON TX 77030 City-State-Zip: HOUSTON TX 77030

**DIRECTOR** Title Title DIRECTOR

Name TWEARDY, DAVID DR. Name PRIETO, VICTOR DR.

> 1515 HOLCOMBE BLVD., UNIT 1463 Address 1515 HOLCOMBE, UNIT 85

FCT12.5051 G1.3547A

HOUSTON TX 77030 HOUSTON TX 77030 City-State-Zip: City-State-Zip:

Title DIRECTOR Title VC

KOONG, M.D., PHD., ALBERT Name HAGBERG, M.D., FASA, CARIN Name

Address 1515 HOLCOLMBE BLVD, UNIT 1422 Address 1515 HOLCOMBE BLVD., UNIT 1492

FCT6.6038 FC18.5062

HOUSTON TX 77030 HOUSTON TX 77030 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name HWU, M.D., PATRICK Name GORLICK, M.D., RICHARD

1515 HOLCOMBE BOULEVARD, UNIT 421 Address Address 1515 HOLCOMBE BOULEVARD, UNIT

FC11.2024 87 B8.4308

HOUSTON TX 77030 City-State-Zip: City-State-Zip: HOUSTON TX 77030