

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2013
Secretary of State
CC9698220692

Entity Name: M. D. ANDERSON PHYSICIANS NETWORK CORPORATION

Current Principal Place of Business:

7505 SOUTH MAIN STREET, SUITE 500
HOUSTON, TX 77030

Current Mailing Address:

7505 SOUTH MAIN STREET, SUITE 500
HOUSTON, TX 77030

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

Date

Officer/Director Detail :

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

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

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

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

Title AVP
Name SIMEONE, WILLIAM
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name BUCHHOLZ, THOMAS DR.
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name CHAMPLIN, RICHARD DR.
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name MCENERY, KEVIN DR.
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

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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

PRESIDENT & CEO

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MIDDLETON, LAVINIA DR.
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title SECRETARY
Name VALERO, VICENTE DR.
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title VP
Name WONG, MELANIE
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title AVP
Name KELLER, LARRY
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name PISTERS, PETER DR.
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name WAGUESPACK, STEVEN DR.
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030

Title AVP
Name KUO, EMILY
Address 7505 SOUTH MAIN STREET, SUITE 500
City-State-Zip: HOUSTON TX 77030