

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007007

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC4921443913**

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

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name MURPHY, JR., WILLIAM A. DR.  
Address 1515 HOLCOMBE BLVD, UNIT 57  
FCT15.6006  
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR  
Name BRUERA, EDUARDO DR.  
Address 1515 HOLCOMBE BLVD., UNIT 1414  
FCT5.6090  
City-State-Zip: HOUSTON TX 77030

Title VP  
Name GILCHRIST, LAURA V  
Address 7007 BERTNER AVENUE  
LEVEL 10 SOUTH, 10.3212  
City-State-Zip: HOUSTON TX 77030

Title PCEO  
Name BROWN, MICHAEL W  
Address 7007 BERTNER AVENUE  
LEVEL 10 SOUTH, 10.3212  
City-State-Zip: HOUSTON TX 77030

Title VP  
Name SIMEONE, WILLIAM J.  
Address 7007 BERTNER AVENUE  
LEVEL 10 SOUTH, 10.3212  
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR  
Name MEHRAN, REZA DR.  
Address 1515 HOLCOMBE BLVD., UNIT 1489  
FCT19.5062  
City-State-Zip: HOUSTON TX 77030

Title SECRETARY  
Name MIDDLETON, LAVINIA DR.  
Address 1515 HOLCOMBE BLVD., UNIT 444  
G1.3569B  
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR  
Name HAHN, STEPHEN DR.  
Address 1515 HOLCOMBE BLVD., UNIT 91  
FCT20.5220  
City-State-Zip: HOUSTON TX 77030

**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.*

**SIGNATURE:** MICHAEL W. BROWN

**PRESIDENT AND CEO**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEVENBACK, CHARLES DR.  
Address 1515 HOLCOMBE BLVD.  
FCT12.5015  
City-State-Zip: HOUSTON TX 77030

Title AVP  
Name KUO, EMILY  
Address 7007 BERTNER AVENUE  
LEVEL 10 SOUTH, 10.3212  
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR  
Name ENG, CATHY DR.  
Address 1515 HOLCOMBE BLVD., UNIT 0426  
FC10.3020  
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR  
Name TWEARDY, DAVID DR.  
Address 1515 HOLCOMBE BLVD., UNIT 1463  
FCT12.5051  
City-State-Zip: HOUSTON TX 77030

Title VP  
Name WONG, MELANIE  
Address 7007 BERTNER AVENUE  
LEVEL 10 SOUTH, 10.3212  
City-State-Zip: HOUSTON TX 77030

Title AVP  
Name KELLER, LARRY  
Address 7007 BERTNER AVENUE  
LEVEL 10 SOUTH, 10.3212  
City-State-Zip: HOUSTON TX 77030

Title VP  
Name BERGEN, KIMBERLY S  
Address 7007 BERTNER AVENUE  
LEVEL 10 SOUTH, 10.3212  
City-State-Zip: HOUSTON TX 77030