

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # F96000003116 (8)

1. Corporation Name
PHYSICIANS RESOURCE GROUP, INC.



Principal Place of Business
5430 LBJ FREEWAY SUITE 1540
DALLAS TX 75240

Mailing Address
5430 LBJ FREEWAY SUITE 1540
DALLAS TX 75240-2635

3. Date Incorporated or Qualified
06/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

76-0456864

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO
NAME MOORE, EMMETT E
STREET ADDRESS 5430 LBJ FREEWAY SUITE 1540
CITY, ST, ZIP DALLAS TX 75240

11 TITLE Chairman of the Board/
12 NAME Chief Executive Officer
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE CFOV
NAME OWEN, RICHARD M
STREET ADDRESS 5430 LBJ FREEWAY SUITE 1540
CITY, ST, ZIP DALLAS TX 75240

21 TITLE President
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE VS
NAME D'AMICO, RICHARD J
STREET ADDRESS 5430 LBJ FREEWAY SUITE 1540
CITY, ST, ZIP DALLAS TX 75240

31 TITLE Executive Vice President/
32 NAME Chief Admin. Officer/Secretary
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE CDOV
NAME KINGSTON, MARK P
STREET ADDRESS 5430 LBJ FREEWAY SUITE 1540
CITY, ST, ZIP DALLAS TX 75240

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE VC
NAME BINGHAM, JOHN N
STREET ADDRESS 5430 LBJ FREEWAY SUITE 1540
CITY, ST, ZIP DALLAS TX 75240

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE V
NAME CHARLES, BRUCE
STREET ADDRESS 5430 LBJ FREEWAY SUITE 1540
CITY, ST, ZIP DALLAS TX 75240

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard J. D'Amico, Vice President

March 4, 1997 (972) 982-8264

Date Daytime Phone #

CR2E034 (9/96)