

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003116**

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**

2. Principal Place of Business

21 14800 Landmark
Suite, Apt. #, etc.

2a. Mailing Address

26 14800 Landmark
Suite, Apt. #, etc.

22 Suite 500
City & State

27 Suite 500
City & State

23 Dallas, Texas
Zip Country

28 Dallas, Texas
Zip Country

24 75240 25 USA

29 75240 30 USA

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

76-0456864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEOP** ☒ DELETE
NAME **GILLELAND, RICHARD A**
STREET ADDRESS **5430 LBJ FREEWAY STE 1540**
CITY-ST-ZIP **DALLAS TX 75240**

TITLE **SVP** ☐ DELETE
NAME **BOND, JONATHAN R**
STREET ADDRESS **5430 LBJ FREEWAY STE 1540**
CITY-ST-ZIP **DALLAS TX 75240**

TITLE **VPCS** ☒ DELETE
NAME **D'AMICO, RICHARD J**
STREET ADDRESS **5430 LBJ FREEWAY SUITE 1540**
CITY-ST-ZIP **DALLAS TX**

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

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

TITLE **SVP** ☐ DELETE
NAME **CHAMBERS, DANIEL**
STREET ADDRESS **5430 LBJ FREEWAY STE 1540**
CITY-ST-ZIP **DALLAS TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **COO/ Senior V.P** ☒ Change ☐ Addition
1.2 NAME **Michael Yeary**
1.3 STREET ADDRESS **14800 Landmark, Suite 500**
1.4 CITY-ST-ZIP **Dallas, Texas 75240**

2.1 TITLE **Senior V.P.** ☐ Change ☒ Addition
2.2 NAME **Stuart Schwartz**
2.3 STREET ADDRESS **14800 Landmark, Suite 500**
2.4 CITY-ST-ZIP **Dallas, Texas 75240**

3.1 TITLE **Chairman of the Board** ☐ Change ☒ Addition
3.2 NAME **David Meyer, M.D.**
3.3 STREET ADDRESS **825 Ridge Lake Blvd., Suite 200**
3.4 CITY-ST-ZIP **Memphis, TN 38120**

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90049 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)