

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90177 020 ***150.00

DOCUMENT # F96000003116

1. Entity Name
PHYSICIANS RESOURCE GROUP, INC.

Principal Place of Business Mailing Address
14800 LANDMARK SUITE 500 DALLAS TX 75240 US
14800 LANDMARK SUITE 500 DALLAS TX 75240 US

2. Principal Place of Business c/o Jackson Walker Att: Pam
901 Main St.
 Suite, Apt. #, etc. **Ste. 6000**

City & State **Dallas, Texas**

Zip **75202** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **76-0456864** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CSV	<input type="checkbox"/> Delete
NAME	YEARY, MICHAEL	
STREET ADDRESS	14800 LANDMARK SUITE 500	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICOLAOU, KAREN	
STREET ADDRESS	5005 RIVERWAY, #400;	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, DAN	
STREET ADDRESS	14800 LANDMARK BLVD, STE 500	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VPGC	<input checked="" type="checkbox"/> Delete
NAME	EDENBURN, LANE	
STREET ADDRESS	14800 LANDMARK BLVD, STE 500	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5005 Riverway Dr., Ste. 400	
CITY-ST-ZIP	Houston, Texas 77056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Yeary

4/9/01

214-953-5647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)