

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90107 002 ***150.00

0511531 AT

DOCUMENT # F96000003116

1. Entity Name
PHYSICIANS RESOURCE GROUP, INC.

Principal Place of Business

% JACKSON WALKER ATT: PAM
 901 MAIN ST., STE 6000
 DALLAS TX 75202
 US

Mailing Address

% JACKSON WALKER ATT: PAM
 901 MAIN ST., STE 6000
 DALLAS TX 75202
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, **5005 RIVERWAY**
SUITE 400
HOUSTON, TX 77056

3. Mailing Address

Suite, Apt. **5005 RIVERWAY**
SUITE 400
HOUSTON, TX 77056

City & State

City & State

4. FEI Number

76-0456864

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

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, 2002 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 **PD** ☐ Delete
 NAME **YEARY, MICHAEL**
 STREET ADDRESS **5005 RIVERWAY DRIVE., STE 400**
 CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **S** ☐ Delete
 NAME **NICOLAOU, KAREN**
 STREET ADDRESS **5005 RIVERWAY, #400;**
 CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

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

KAREN Nicolaou

4/23/02
 Date

713-629-5777
 Daytime Phone #

CR2E034 (9/01)