19600003248

CT CORPORATION SYSTEM					
Requestor's Name 660 East Jefferson Street					
Addr	ess llahassee,	FL	32301	222-1092	
City	State		Zip	Phone	

CORPORATION(S) NAME

500001876985 -06/26/96--01109--019 *****70,00 *****70,00

21	le a Otto	· luc.	36 S IA10
Physicians Resource	ce Brown to Company	(1 1000)	
			19
(*) Profit (') NonProfit () Limited Liability Co	() Amendment	() Merger	STATE RATIONS 2: 15
() Foreign	() Dissolution/Withdrawal	() Mark	untin
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other () Change (() Fic.: N	
() Certified Copy	() Photo Copies		(S) (3)
() Call When Ready Walk In () Mail Out	() Call if Problem	() After 4:30 Pick Up	
Name Availability	PLEAS	E RETURN EX FILE STAM	
Document Examiner Updater	10-26		

CR2E031 (1-89)

Acknowledgment

W.P. Verifier

Updater Verifier

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

2. Delaware (State or country under the law of which it is incorporated) 4. June 1, 1996			
(State or country under the law of which it is incorporated) 4. June 1, 1996			
4. June 1, 1996 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.)) 7. 5430 LBJ Freeway. Suite 1540. Dallas. Texas 75240 (Current malling address) 8. Management of Physicians' Practices (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent:			
(Date of incorporation) (Date of incorporatio			
7. 5430 LBJ Freeway. Suite 1540. Dallas. Texas 75240 (Current malling address) 8. Management of Physicians! Practices (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent:			
(Current malling address) 8. Management of Physicians' Practices (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent:			
(Current mailing address) 8. Management of Physicians' Practices (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent:			
8. Management of Physicians' Practices (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent:			
8. Management of Physicians' Practices (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent:			
8. Management of Physicians' Practices (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent:			
9. Name and street address of Florida registered agent:			
Name: a m Correction System			
Name: C T Corporation System C/o C T Corporation System, 1200 South Pine Office Address: Island Road			
Office Address: Island Road			
Office Address: Island Road			
Plantation , Florida, 33324 (Zip Code)			
10. Registered agent acceptance: Having been named as registered egent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. C T Corporation System			
Bayer			
(Registered agent's signature) (Officer)			
CONNIE BRYAN SPECIAL ASSISTANT SECRETARY			
(FL - 2189 - 11/16/94) (Type Name and Title of Officer)			

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors:

A.	DIRECTORS	
	Chairman: Emmett E. Moore	
	Address: 5430 LBJ Freeway, Suite 1540	
	Dallag, Texas 75240	
	Vice Chairman:	
	Address:	
	Director:	
	Address:	96 JUN 26
	Director:	
	Address:	PH 2: 1
В.	OFFICERS	വ
	President: See attached list of officers	
	Address:	
	Vice President:	
	Address:	
	Secretary:	
	Address:	

Treasurer	
Address:	
and/or directors.	ou may attach an addendum to the application listing additional officers A D Moore ian, Vice Chairman, or any officer listed in number 12 of the
(Signature of Chairly application)	ian, Vice Chairman, or any officer listed in number 12 of the
14. Emmett E. Moore. F	me and capacity of person signing application)

DIVISION OF CORPORATION

95 JUN 26 PM 2: 15

Appendix to Florida Application by Fgn. Corp. for Authorization to Transact Business in Florida

Officers of Physicians Resource Group Realty, Inc.

- Emmett E. Moore, President 5430 LBJ Freeway, Suite 1540 Dallas, Texas 75240
- Richard J. D'Amico, Vice President, Secretary 5430 LBJ Freeway, Suite 1540 Dallas, Texas 75240
- Richard M. Owen, Vice President, Treasurer 5430 LBJ Freeway, Suite 1540 Dallas, Texas 75240

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
96 JUN 26 PM 2: 15

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIANS RESOURCE GROUP REALTY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8001155

06-25-96

2510278 8300

CAPITOL CORPORATE SERVICES, INC.

July 16, 1997

FLORIDA DEPARTMENT OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Rc: PHYSICIANS RESOURCE GROUP REALTY, INC.

600002242376--2 -07/21/97--01031--012 *****35.00 *****35.00

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 1317 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

D'Lundgren

enclosures

OINVISION THE CONTENT ORATION: 97 JULy 20 PH 4: 26 22

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,

Florida Statutes, the under	signed corpora	ition organized under the laws of tatement in order to change its re	the State of
or registered agent, or both			igistered office
1a. The name of the corpo		OURCE GROUP REALTY, INC.	
1b. Date of incorporation:	6/26/96	Document number	F96000003248
2. The name and address C T Corporation System		registered eqent and office:	97 JE
1200 South Pine Teland	Rd., Plantat	ion, F1 33324	21
3. The name and address (P.O. Box No NRAI Services, Inc.	_	sistered agent and office:	PH 4: 2
526 East Park Avenue, Tallahasso The street address of its rep of its registered agent as ch	gistered agent	and the street address of the bus	siness office
Such change was authorize in officer so authorized by	d by resolution the board.	n duly adopted by its board of dir	actors or by
Leclard 1 D ann	-a	Richard D'Amico, Vice Pre	
SIGNATURE 7-11-97 DATE		Typed or printed name and	1 title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

THE GOLD WITH GOING AS REGISTERED AGENT.		
Return acknowledgment to:	NRAI Services, Inc.	
*	SIGNATURE BY: Delanie Lu	
Capitol Corporate Services, Inc. P.O. Box 1831 Austin TX 78767 800/345-4647	DATE 7-14-97	

ndonen asst.