

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90610 034 ***150.00

DOCUMENT # F96000003248

1. Entity Name

PHYSICIANS RESOURCE GROUP REALTY, INC.

Principal Place of Business

**C/O JACKSON WALKER ATT: PAM.
 901 MAIN ST. STE. #6000
 DALLAS, TX. 75202
 US**

Mailing Address

**C/O JACKSON WALKER ATT: PAM
 901 MAIN ST STE. #6000
 DALLAS TX 75202
 US**

2. Principal Place of Business

**6005 RIVERWAY
 SUITE 400
 HOUSTON, TX 77056**

3. Mailing Address

**6005 RIVERWAY
 SUITE 400
 HOUSTON, TX 77056**



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

76-0474700

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|----------|------------------------|------------------------------------|-------------------------|---------------------------------|
| P | YEARY, MICHAEL | 5005 RIVERWAY DR STE., #400 | HOUSTON TX 77056 | <input type="checkbox"/> |
| S | NICOLAOU, KAREN | 5005 RIVERWAY DR SUITE 400 | HOUSTON TX 77056 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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)