

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90210 048 ***150.00

0653446 AT

DOCUMENT # F96000006532

1. Entity Name
MEDSYNERGIES, INC.



Principal Place of Business
**1320 GREENWAY
SUITE 600
IRVING TX 75038
US**

Mailing Address
**1320 GREENWAY
SUITE 600
IRVING TX 75038
US**



2. Principal Place of Business
1255 Corporate Drive

3. Mailing Address
1255 Corporate Drive

Suite, Apt. #, etc.
3rd Floor

Suite, Apt. #, etc.
3rd Floor

City & State
Irving, Texas

City & State
Irving, Texas

Zip Country
75038 US

Zip Country
75038 US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **75-2515691**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRUHL, DAN E MD**
STREET ADDRESS **1320 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **Change** ☐ Addition
NAME **Bruhl, Dan E. MD**
STREET ADDRESS **1255 Corporate Drive, 3rd Floor**
CITY-ST-ZIP **Irving, Texas 75038**

TITLE **D** ☐ Delete
NAME **SPENCER, WILLIAM**
STREET ADDRESS **1320 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **Change** ☐ Addition
NAME **Spencer, William MD**
STREET ADDRESS **1255 Corporate Drive 3rd Floor**
CITY-ST-ZIP **Irving, Texas 75038**

TITLE **DCEO** ☐ Delete
NAME **HUTTON, WILLIAM L MD**
STREET ADDRESS **1320 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **Change** ☐ Addition
NAME **Hutton, William L. M.D.**
STREET ADDRESS **1255 Corporate Drive, 3rd Floor**
CITY-ST-ZIP **Irving, Texas 75038**

TITLE **D** ☐ Delete
NAME **STARITA, RICHARD J MD**
STREET ADDRESS **1230 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **Change** ☐ Addition
NAME **Starita, Richard J MD**
STREET ADDRESS **1255 Corporate Drive, 3rd Floor**
CITY-ST-ZIP **Irving, Texas 75038**

TITLE **PCEO** ☐ Delete
NAME **THOMAS, J. R.**
STREET ADDRESS **1320 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **Change** ☐ Addition
NAME **Thomas, J.R.**
STREET ADDRESS **1255 Corporate Drive, 3rd Floor**
CITY-ST-ZIP **Irving, Texas 75038**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Frank Marshall**
STREET ADDRESS **1255 Corporate Drive 3rd Floor**
CITY-ST-ZIP **Irving, Texas 75038**

12. 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 10 or Block 11 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

4/4/03
Date

972-791-1224
Daytime Phone #

CR2E034 (10/02)