

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000113

1. Entity Name

PHYSICIANS RESOURCE GROUP INVESTMENTS, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90011 019 ***550.00

Principal Place of Business
 14800 LAND MARK
 STE 500
 DALLAS TX 75240
 US

Mailing Address
 14800 LAND MARK
 STE 500
 DALLAS TX 75240-7013
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **76-0474701**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE.
TALLAHASSEE FL 32301

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 _____ (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YEARY, MICHAEL	
STREET ADDRESS	14800 LANDMARK STE 500	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOND, JOHNATHAN	
STREET ADDRESS	14800 LANDMARK	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICOLSAOU, KAREN	
STREET ADDRESS	5005 RIVERWAY DR STE 400	
CITY-ST-ZIP	DALLAS TX 77056	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EDENBURN, LANE	
STREET ADDRESS	14800 LANDMARK 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(972) 892-7200

CR2E034 (1-1-99)