## F97000013

**TO**: Amendment Section Division of Corporations

SUBJECT: 1

Physicians Resource Group Investments, Inc.

(Name of corporation)

DOCUMENT NUMBER:

F97000000113

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabel Mahmood

(Name of Person)

Physicians Resource Group (Firm/Company)

5005 Riverway, Suite 400 (Address)

400007903334--2 -03/23/02--01002--081 \*\*\*\*\*35.00 \*\*\*\*\*35.00

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Houston, TX 77056

(City/State and Zip code)

For further information concerning this matter, please call:

Isabel Mahmood

at (713) 629-5777

(Area Code & Daytime Telephone Number)

(Name of Person)

STREET ADDRESS:

Amendment Section Division of Corporations

409 E. Gaines St.

Tallahassee, FL. 32399

**MAILING ADDRESS:** 

Amendment Section: Division of Corporations

P.O. Box 6327

Tallahassee, FL. 32314

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## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Physicians Resource Group Inve				
(Na	me of Corporation)	<del></del>		
Delaware				
(Incor	porated Under Laws Of)			-
	business or conducting affairs within the Stat ority to transact business or conduct affairs in			
behalf and appoints the Department of Sta	f its registered agent in Florida to accept se ate as its agent for service of process based on trized to transact business or conduct affairs in	n a cause	e of	
The following is a current mailing address	s for the corporation:		02 \$	
5005 Riverway Dr., Suite 400		AH.	<u>L</u>	Section 2
-	(Mailing Address)	- <u>SS</u>	- <u>23</u>	2
Houston, TX 77056		EE, FL	₽ <b>₩</b> ↓;	
	(City/ State /Zip)	TATE ORIDA	38	
The corporation agrees to notify the Depa address.	artment of State in the future of any change in	ı its mail	ling	
pr my	President			
Signature of the chairman of vice chairman of president, or any officers of if the corporation receiver, truster, or other court-appointed fidentials.	is in the hands of a			
Michael Yeary	9/10/02			
Typed or printed name	Date			