

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006958

1. Corporation Name

PHYSICIAN STAFFING RESOURCES, INC.

Principal Place of Business

7350 HAWK RD.
FLOWER MOUND TX 75022

Mailing Address

1061 MAITLAND CTR. COMMONS
MAITLAND FL 32751

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1997

5. FEI Number

75-2108548

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
-CP-	RODGERS, JAY D.	600 LATIGO LANE	FLOWER MOUND TX 75028
-CV- V	FIELDER, ROBERT R	3713 HIDDEN TR.	FLOWER MOUND TX 75028 75022
T	LEE, ANN M	2225 WESTVIEW TR.	DENTON TX 76207
P	Adams, Frank L.	3511 Lindenwood	Highland Park, TX 75205
C	Gray, Jerry L.	500 North Highland	Sherman, TX 75092

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHER, BOBETTE-
1061 MAITLAND CTR. COMMONS
MAITLAND FL 32751

Name

Bradiqan, Michael

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

400002699974

-12/02/98--01031--023

***750.00 State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael Bradiqan
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-19-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Frank L. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-98

Date

817/430-8450

Daytime Phone #