

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006958**

1. Entity Name

PHYSICIAN STAFFING RESOURCES, INC.**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90075 018 ***150.00

Principal Place of Business

7350 HAWK RD.
FLOWER MOUND TX 75022

Mailing Address

1061 MAITLAND CTR. COMMONS
MAITLAND FL 32751-7435

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1051 Winderley Place

Suite, Apt. #, etc.

Suite 103

City & State
Maitland, FL

Zip

32751

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2108548

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

BRADIGAN, MICHAEL
1061 MAITLAND CTR. COMMONS
MAITLAND FL 32751

Name

Frank L. Adams

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

1051 Winderley Place, Ste 103

City

Maitland

FL

Zip Code

32751

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME V
STREET ADDRESS FIELDER, ROBERT R
CITY-ST-ZIP 3713 HIDDEN TR.
FLOWER MOUND TX 75022TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS Winans, Catherine
CITY-ST-ZIP 1712 Cherbourg Dr
Plano, TX 75075TITLE ☐ Delete
NAME T
STREET ADDRESS LEE, ANN M
CITY-ST-ZIP 2225 WESTVIEW TR.
DENTON TX 76207TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME P
STREET ADDRESS ADAMS, FRANK L
CITY-ST-ZIP 3511 LINDENWOOD
HIGHLAND PARK TX 75205TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME C
STREET ADDRESS GRAY, JERRY L
CITY-ST-ZIP 500 NORTH HIGHLAND
SHERMAN TX 75092TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK L. ADAMS

5/1/00

817-430-8450

CR2E034 (9/99)