

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90087 042 \*\*\*150.00

**DOCUMENT # F97000006958**

1. Entity Name

**PHYSICIAN STAFFING RESOURCES, INC.**

Principal Place of Business

**7350 HAWK RD.  
 FLOWER MOUND TX 75022**

Mailing Address

**1051 WINDERLEY PLACE  
 STE 103  
 MAITLAND FL 32751**

**80037609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**ADAMS, FRANK L  
 1051 WINDERLEY PLACE, STE 103  
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

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

City

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-issuing)

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, 2001 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

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FIELDER, ROBERT R</b>	
STREET ADDRESS	<b>3713 HIDDEN TR.</b>	
CITY-STATE-ZIP	<b>FLOWER MOUND TX 75022</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, ANN M</b>	
STREET ADDRESS	<b>2225 WESTVIEW TR.</b>	
CITY-STATE-ZIP	<b>DENTON TX 76207</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, FRANK L</b>	
STREET ADDRESS	<b>3511 LINDENWOOD</b>	
CITY-STATE-ZIP	<b>HIGHLAND PARK TX 75205</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, JERRY L</b>	
STREET ADDRESS	<b>500 NORTH HIGHLAND</b>	
CITY-STATE-ZIP	<b>SHERMAN TX 75092</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WINANS, CATHERINE</b>	
STREET ADDRESS	<b>1712 CHERBOURG DR</b>	
CITY-STATE-ZIP	<b>PLANO TX 75075</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 I file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Frank L. Adams** 4/13/01 817-430-8450

Date

Daytime Phone #

CR2E034 (10/00)