

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003449

i. Entity Name

PROMEDCO MANAGEMENT COMPANY

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90071 042 ***150.00

Principal Place of Business Mailing Address
CHERRY STREET, SUITE 1450 801 CHERRY STREET, SUITE 1450
WORTH TX 76102 FORT WORTH TX 76102-6814

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 75-2529809 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
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 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | CP | <input type="checkbox"/> Delete |
| NAME | POSEY, H. WAYNE | |
| STREET ADDRESS | 801 CHERRY STREET, SUITE 1450 | |
| CITY-ST-ZIP | FORT WORTH TX 76102 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | RAGSDALE, RICHARD E | |
| STREET ADDRESS | 801 CHERRY STREET, SUITE 1450 | |
| CITY-ST-ZIP | FORT WORTH TX 76102 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCCASLIN, JACK H | |
| STREET ADDRESS | 801 CHERRY STREET, SUITE 1450 | |
| CITY-ST-ZIP | FORT WORTH TX 76102 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHANEY, E. THOMAS | |
| STREET ADDRESS | 801 CHERRY STREET, SUITE 1450 | |
| CITY-ST-ZIP | FORT WORTH TX 76102 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | EDWARDS, DALE K | |
| STREET ADDRESS | 801 CHERRY STREET, SUITE 1450 | |
| CITY-ST-ZIP | FORT WORTH TX 76102 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | JOHNSON, DEBORAH A | |
| STREET ADDRESS | 801 CHERRY STREET, SUITE 1450 | |
| CITY-ST-ZIP | FORT WORTH TX 76102 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAILEY, DAVID T | |
| STREET ADDRESS | 801 Cherry St, Suite 1450 | |
| CITY-ST-ZIP | Fort Worth, TX 76102 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Herd, James F. | |
| STREET ADDRESS | 801 Cherry St, Suite 1450 | |
| CITY-ST-ZIP | Fort Worth, TX 76102 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Boysse, Charles J. | |
| STREET ADDRESS | 801 Cherry St, Suite 1450 | |
| CITY-ST-ZIP | Fort Worth, TX 76102 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, ROBERT D. | |
| STREET ADDRESS | 801 Cherry St, Suite 1450 | |
| CITY-ST-ZIP | Fort Worth, TX 76102 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McQueary, Charles J. | |
| STREET ADDRESS | 801 Cherry St, Suite 1450 | |
| CITY-ST-ZIP | Ft. Worth, TX 76102 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sontheimer, Robert M. | |
| STREET ADDRESS | 801 Cherry St, Suite 1450 | |
| CITY-ST-ZIP | Ft. Worth, TX 76102 | |

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: Robert D. Smith (817) 335-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)