

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 02, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000077787

1. Entity Name
 PHYSICIAN RESEARCH NETWORK, INC.

| | |
|---|---|
| Principal Place of Business 8303 SW FREEWAY, SUITE 850 HOUSTON TX 77074 | Mailing Address 8303 SW FREEWAY, SUITE 850 HOUSTON TX 77074 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

4. FEI Number **76-0535668**
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CORPAMERICA, INC.
 1525 S ANDREWS AVE, SUITE 216
 FT LAUDERDALE FL 33316 US

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 _____ DATE **01/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BAIN ROBERT MR. 17641 PARLANGE PLACE SAN DIEGO CA L92128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PINGITORE PASQUALE RDR. 22 TREDINGTON SUGARLAND TX 77479 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO MCNAMARA TIMOTHY RMR 721 BIRCH ROAD LAKE BLUFF IL 60044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CROES REBECCA AMRS. 14923 VISTA HEIGHTS DRIVE CYPRESS TX 77429 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES TAQI KHALID DR. 5010 BERKSHIRE SUGARLAND TX 77479 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHAI SYED ATHAR HDR. 2000 CRAWFORD SUITE 777 HOUSTON TX 77002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Rebecca A. Croes VP Date 01/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)