2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P96000094291 1. Entity Name STAT PHYSICIANS, INC. 01-26-2001 90140 034 ***150.00 Principal Place of Business Mailing Address 1717 MAIN STREET 1717 MAIN STREET **SUITE 5200 SUITE 5200** 609516 DALLAS TX 75201 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3413300 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI, SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CEOD ☐ Change ☐ Addition TITLE ☐ Delete TITLE RIGGS. LEONARD M NAME STREET ADDRESS 1717 MAIN STREET STE 5200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SINGLEY JR, DAVID W NAME NAME STREET ADDRESS STREET ADDRESS 1717 MAIN STREET STE 5200 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 TITLE Change --- - Addition-Delete TITLE FANNON, S. KENT NAME NAME STREET ADDRESS STREET ADDRESS 1717 MAIN STREET STE 5200 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 ☐ Change ☐ Addition TITLE ☐ Delete TITLE ZIMMERMAN, TODD NAME NAME STREET ADDRESS STREET ADDRESS 1717 MAIN STREET STE 5200 CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75201 Delete ☐ Change Addition TITLE TITLE NAME BUCK, ANDREW G NAME STREET ADDRESS STREET ADDRESS 1717 MAIN STREET STE 5200 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 TITLE AS ☐ Delete TITLE ☐ Change Addition NAME BAKALAR, ROBYN NAME STREET ADDRESS STREET ADDRESS 1717 MAIN ST STE 5200 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR