

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094291

Entity Name: STAT PHYSICIANS, INC.

FILED
May 24, 2005
Secretary of State

Current Principal Place of Business:

1717 MAIN STREET
SUITE 5200
DALLAS, TX 75201 US

New Principal Place of Business:

Current Mailing Address:

1717 MAIN STREET
SUITE 5200
DALLAS, TX 75201 US

New Mailing Address:

FEI Number: 59-3413300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANGER, WILLIAM
Address: 1717 MAIN STREET STE 5200
City-St-Zip: DALLAS, TX 75201

Title: P () Delete
Name: HARVEY, DON
Address: 1717 MAIN STREET STE 5200
City-St-Zip: DALLAS, TX 75201

Title: VT () Delete
Name: RATTON, STEVE
Address: 1717 MAIN STREET STE 5200
City-St-Zip: DALLAS, TX 75201

Title: S () Delete
Name: ZIMMERMAN, TODD
Address: 1717 MAIN STREET STE 5200
City-St-Zip: DALLAS, TX 75201

Title: AS () Delete
Name: BAKALAR, ROBYN
Address: 1717 MAIN ST STE 5200
City-St-Zip: DALLAS, TX 75201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE RATTON

EVT

05/24/2005

Electronic Signature of Signing Officer or Director

Date