

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000094291

Entity Name
STAT PHYSICIANS, INC.



FILED

03 JAN 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1717 MAIN STREET
SUITE 5200
DALLAS TX 75201
US

Mailing Address
1717 MAIN STREET
SUITE 5200
DALLAS TX 75201
US

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 59-3413300

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NRAI SERVICES INC~~
~~520 E. PARK AVE~~
~~TALLAHASSEE FL 32301~~

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Rays St
City Tallahassee FL 32301

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. I am familiar with, and accept the obligations of registered agent.

Maria S. Reptogle
as its agent

SIGNATURE Maria S. Reptogle
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HESSE, MARTHA D	
STREET ADDRESS	1717 MAIN STREET STE 5200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAM, SANGER A	
STREET ADDRESS	1717 MAIN STREET STE 5200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VT	<input type="checkbox"/> Delete
NAME	OWEN, RANDY	
STREET ADDRESS	1717 MAIN STREET STE 5200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, TODD	
STREET ADDRESS	1717 MAIN STREET STE 5200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BAKALAR, ROBYN	
STREET ADDRESS	1717 MAIN ST STE 5200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARVEY, DON S	
STREET ADDRESS	1717 MAIN ST STE 5200	
CITY-ST-ZIP	DALLAS TX 75201	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100010060621	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Randy Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President

1/6/03
Date

214-712-2000
Daytime Phone #

CR2E034 (10/02)

202



ACCOUNT NO. : 072100000032

REFERENCE : 885952 89298A

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 150.00

ORDER DATE : January 8, 2003

ORDER TIME : 11:42 AM

ORDER NO. : 885952-005

CUSTOMER NO: 89298A

CUSTOMER: Mr. Josh Daniel
Emcare, Inc.
Suite 5200, 1717 Main Street
Suite 5200
Dallas, TX 75201

CHANGE OF AGENT

NAME: STAT PHYSICIANS, INC.

RECEIVED
03 JAN 13 PM 2:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle -- EXT# 1128

EXAMINER: 