

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007007

Entity Name: M. D. ANDERSON PHYSICIANS NETWORK CORPORATION

FILED
Apr 30, 2021
Secretary of State
9170096155CC

Current Principal Place of Business:

7007 BERTNER AVENUE
LEVEL 10 SOUTH, 10.3212
HOUSTON, TX 77030

Current Mailing Address:

7007 BERTNER AVENUE
LEVEL 10 SOUTH, 10.3212
HOUSTON, TX 77030 US

FEI Number: 76-0449960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title C
Name MURPHY, JR., WILLIAM A. DR.
Address 1515 HOLCOMBE BLVD, UNIT 57
FCT15.6006
City-State-Zip: HOUSTON TX 77030

Title VP
Name GILCHRIST, LAURA V
Address 7007 BERTNER AVENUE
LEVEL 10 SOUTH, 10.3212
City-State-Zip: HOUSTON TX 77030

Title VP
Name SIMEONE, WILLIAM J.
Address 7007 BERTNER AVENUE
LEVEL 10 SOUTH, 10.3212
City-State-Zip: HOUSTON TX 77030

Title SECRETARY
Name MEHRAN, REZA DR.
Address 1515 HOLCOMBE BLVD., UNIT 1489
FCT19.5062
City-State-Zip: HOUSTON TX 77030

Title VP
Name WONG, MELANIE
Address 7007 BERTNER AVENUE
LEVEL 10 SOUTH, 10.3212
City-State-Zip: HOUSTON TX 77030

Title AVP
Name KUO, EMILY
Address 7007 BERTNER AVENUE
LEVEL 10 SOUTH, 10.3212
City-State-Zip: HOUSTON TX 77030

Title AVP
Name KELLER, LARRY
Address 7007 BERTNER AVENUE
LEVEL 10 SOUTH, 10.3212
City-State-Zip: HOUSTON TX 77030

Title VP
Name BERGEN, KIMBERLY S
Address 7007 BERTNER AVENUE
LEVEL 10 SOUTH, 10.3212
City-State-Zip: HOUSTON TX 77030

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA GILCHRIST

VICE PRESIDENT

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TWEARDY, DAVID DR.
Address 1515 HOLCOMBE BLVD., UNIT 1463
FCT12.5051
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name KOONG, M.D., PHD., ALBERT
Address 1515 HOLCOLMBE BLVD, UNIT 1422
FCT6.6038
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name GORLICK, M.D., RICHARD
Address 1515 HOLCOMBE BOULEVARD, UNIT 87
B8.4308
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name TEREFFE, M.D., WELELA
Address 1515 HOLCOMBE BLVD, UNIT 91
FCT20.5220
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name PRIETO, VICTOR DR.
Address 1515 HOLCOMBE, UNIT 85
G1.3547A
City-State-Zip: HOUSTON TX 77030

Title VC
Name HAGBERG, M.D., FASA, CARIN
Address 1515 HOLCOMBE BLVD., UNIT 1492
FC18.5062
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR
Name FLOWERS, M.D., CHRISTOPHER
Address 1515 HOLCOMBE BLVD, UNIT429
FC6.2026
City-State-Zip: HOUSTON TX 77030