

Form 803
(revised 02/15)

Submit in duplicate to:
Secretary of State
Reports Unit
P.O. Box 12028
Austin, TX 78711-2028
Phone: (512) 475-2705
Fax: (512) 463-1423
Dial: 7-1-1 for Relay Services
Filing Fee: [See Instructions](#)



**Annual Statement
of a
Professional Association**

This space reserved for filing office use.

File Number: _____

Year: _____

1. The name of the professional association is: *(A name change requires an amendment; see Instructions)*

2. It is organized under the laws of: (Set forth state or foreign country) _____

3. The name of the registered agent is:

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First Name

MI

Last Name

Suffix

4. The registered office address, which is identical to the business address of the registered agent in Texas, is:
(Only use street or building address; see Instructions)

TX

Street Address

City

State

Zip Code

5. The names and addresses of all members of the association are: (required)

(If additional space is needed, include the information as an attachment to this form for item 5.)

First Name	MI	Last Name	Suffix	
Street or Mailing Address	City	State	Zip Code	Country
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City	State	Zip Code	Country
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City	State	Zip Code	Country
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City	State	Zip Code	Country

6. The names and addresses of all directors or executive committee members of the association are: (required)

(Each must be a licensed member named in item 5.)

(If additional space is needed, include the information as an attachment to this form for item 6.)

			<input type="checkbox"/> Director <input type="checkbox"/> Exec. Comm. Member	
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City		State	Zip Code
			<input type="checkbox"/> Director <input type="checkbox"/> Exec. Comm. Member	
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City		State	Zip Code
			<input type="checkbox"/> Director <input type="checkbox"/> Exec. Comm. Member	
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City		State	Zip Code

7. The names, addresses, and titles of all officers of the association are: (required)

(Each must be a licensed member named in item 5. The offices of president and secretary must be filled, but both may be held by the same member.)

(If additional space is needed, include the information as an attachment to this form for item 7.)

			Officer Title President	
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City		State	Zip Code
			Officer Title Secretary	
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City		State	Zip Code
			Officer Title Vice-President	
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City		State	Zip Code
			Officer Title Treasurer	
First Name	MI	Last Name	Suffix	
Street or Mailing Address	City		State	Zip Code

8. All members are licensed to perform the type of service for which the association is formed; or, in the case of a multi-practice professional association, that each member is licensed to perform professional services falling within the scope of practice of the practitioner.

Execution: The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: _____

Signature of authorized officer

Printed or typed name of officer and title