


Form 803 (revised 02/15)	 Annual Statement of a Professional Association	This space reserved for filing office use.
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		

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
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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)

Street Address	City	State	Zip Code
		TX	

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	Country	

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

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

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	Country	

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

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

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

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