

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000004568

Entity Name: RELIANT.MD MEDICAL ASSOCIATES PLLC**Current Principal Place of Business:**6500 RIVER PLACE BLVD.
BUILDING 4, SUITE:102
AUSTIN, TX 78730**Current Mailing Address:**6500 RIVER PLACE BLVD.
BUILDING 4, SUITE:102
AUSTIN, TX 78730 US**FEI Number:** 83-2754685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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**Authorized Person(s) Detail :**

Title	MGR&AP	Title	AP&COO
Name	DEEMER, MARK H	Name	ALTMAN, AMY
Address	6500 RIVER PLACE BLVD. BLDG:4, STE:102	Address	6500 RIVER PLACE BLVD. BLDG:4, STE:102
City-State-Zip:	AUSTIN TX 78730	City-State-Zip:	AUSTIN TX 78730
Title	AP&LEGAL		
Name	LEGERE, JOSEPH		
Address	6500 RIVER PLACE BLVD. BLDG:4, STE:102		
City-State-Zip:	AUSTIN TX 78730		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEEMER, MARK H**AUTHORIZED MEMBER****04/02/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date