

Document Number Only

B98000000661

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

Physician Reliance, LP

800002690348--6  
-11/18/98--01039--013  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 18 PM 1:01

- Profit
- NonProfit
- Limited Liability Co.
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Name Registration
- Fictitious Name
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- ucc
- CUS
- After 4:30
- Pick Up

Handwritten initials "JA" in a circle.

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

NOV 18 1998

Thanks,  
Jeff

Handwritten initials "BK" and a signature "11/18/98".

Florida Department of State, Sandra B. Mortham, Secretary of State  
**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. PHYSICIAN RELIANCE, LP  
(Name of limited partnership as it is in the home state)

2. SAME  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. TEXAS 4. JUNE 10, 1998  
(State of Formation) (Date of Formation)

5. C T CORPORATION SYSTEM  
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road  
(Street Address of Registered Office)

Plantation, Florida 33324  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.  
C T CORPORATION SYSTEM JOHNNIE BRYAN  
Jonnie Bryan SPECIAL ASSISTANT SECRETARY  
(Officer must sign on this line)

8. 5420 LBJ FREEWAY, SUITE 900  
DALLAS, TEXAS 75240  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAME OF GENERAL PARTNERS STREET ADDRESS  
PRN PHYSICIAN RELIANCE, LLC 5420 LBJ FREEWAY, SUITE 900, DALLAS, TX 75240  
May 000000713

10. PHYSICIAN RELIANCE, LP 5420 LBJ FREEWAY, SUITE 900, DALLAS, TX 75240  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

**CONTINUED**

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12. PHYSICIAN RELIANCE, LP 5420 LBJ FREEWAY, SUITE 900, DALLAS, TX 75240

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 30TH day of JUNE, 19 98.

General Partner  
PATRICIA SECCHIO, TREASURER

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DIVISION OF CORPORATIONS  
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STATE OF TEXAS

COUNTY OF DALLAS

On this 30TH day of JUNE, 1998,

PATRICIA SECCHIO personally appeared before me,

who is personally known to me

whose identity I proved on the basis of \_\_\_\_\_

(Notary Public Signature)



MELONY GEORGE  
Notary Public, State of Texas  
My Commission Expires  
April 5, 2001

\_\_\_\_\_  
(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_

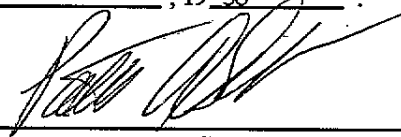
# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared PATRICIA SECCHIO,  
a general partner of PRN PHYSICIAN RELIANCE, LLC, a (an) \_\_\_\_\_  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.

*Under the penalties of perjury, I being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

This 30TH day of JUNE, 19 98



General Partner  
PATRICIA SECCHIO, TREASURER

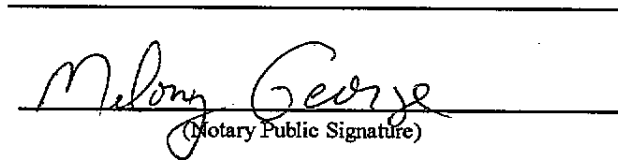
STATE OF TEXAS

COUNTY OF DALLAS

On this 30TH day of JUNE, 19 98,

PATRICIA SECCHIO personally appeared before me,

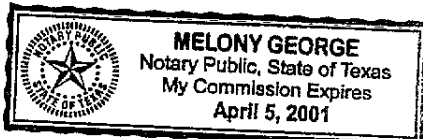
- who is personally known to me  
 whose identity I proved on the basis of \_\_\_\_\_



(Notary Public Signature)

(Notary's Printed Name)

Seal



My Commission Expires: \_\_\_\_\_

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