

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B98000000661**  
 1. Entity Name  
**PHYSICIAN RELIANCE, LP**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB - 1 AM 10: 33

Principal Place of Business Mailing Address  
 5420 LBJ FREEWAY, SUITE 900 5420 LBJ FREEWAY, SUITE 900  
 DALLAS TX 75240 DALLAS TX 75240-6280



2. Principal Place of Business 3. Mailing Address  
*16825 Northchase St. 16825 Northchase*

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Ste 1300 Ste 1300*

City & State City & State  
*Houston, Tx Houston, Tx*

Zip Country Zip Country  
*77060 USA 77060 USA*

4. FEI Number 75-2767994 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M98000000713 PRN PHYSICIAN RELIANCE, LLC 5420 LBJ FREEWAY, SUITE 900 DALLAS TX 75240	STREET ADDRESS CITY - ST - ZIP	<i>16825 Northchase Ste 1300 Houston, Tx 77060</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<del>800003123388-7</del> -02/03/00--01110--015 ****141.25 ****141.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **STATE SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #