

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017409 AT

DOCUMENT # **B98000000661**

1. Entity Name

PHYSICIAN RELIANCE, LP

Principal Place of Business

16825 NORTHCHASE, SUITE 1300
HOUSTON TX 77060

Mailing Address

16825 NORTHCHASE, SUITE 1300
HOUSTON TX 77060



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

75-2767994

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000713	STREET ADDRESS	
NAME	PRN PHYSICIAN RELIANCE, LLC	CITY-ST-ZIP	
STREET ADDRESS	16825 NORTHCHASE, SUITE 1300	STREET ADDRESS	300004890003--6
CITY-ST-ZIP	HOUSTON TX 77060	CITY-ST-ZIP	-02/07/02--01035--021
DOCUMENT #		STREET ADDRESS	***141.25 ***141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

PHYSICIAN RELIANCE, W. Watts

1/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)