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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # B98000000661 1. Name of Limited Partnership Physician Reliance, LP			
2. Principal Office Address 16825 Northchase Drive		3. Mailing Office Address 16825 Northchase Drive	
Suite, Apt. #, etc. Suite 1300		Suite, Apt. #, etc. Suite 1300	
City & State Houston, TX		City & State Houston, TX	
Zip 77060	Country US	Zip 77060	Country US
4. Date Formed or Registered To Do Business in Florida 11/18/1998			
5. FCI Number 752767994		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
5. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation			
State FL		Zip Code 33324	
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.			
9. Pursuant to the provisions of section 620.1810 or 620.1805, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent, Accepting Appointment) <u>Conne Bryan</u> CONNIE BRYAN (REGISTERED AGENT MUST SIGN) DATE 9/01/2004			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s) PRN Physician Reliance, LLC	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 16825 Northchase Drive, Suite 1300	City, State and Zip Code Houston, TX 77060	10a. Registration Document Number M03000000031
REINSTATEMENT 05-06 AL			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access, I further certify that the information disclosed on this enclosed report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the enclosed partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE <u>[Signature]</u>		DATE 08/31/2006	
Typed or Printed Name of General Partner Signing Form Philip H. Wade		Telephone Number 832-601-6188	

B9800000661

Florida Department of State
Division of Corporations
Public Access System

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TALLAHASSEE, FLORIDA

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LP/LLP REINSTATEMENT

PHYSICIAN RELIANCE, LP

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