

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F03000001921

1. Corporation Name

Physician Reliance Network, Inc.

2. Principal Office Address

16825 Northchase Drive

3. Mailing Office Address

16825 Northchase Drive

CR2E081 (12/05)

Suite, Apt. #, etc.

Suite 1300

Suite, Apt. #, etc.

Suite 1300

4. Date Incorporated or Qualified To Do Business in Florida

04/16/2003

City & State

Houston, TX

City & State

Houston, TX

5. EPI Number

752495107

Applied For

Not Applicable

Zip

77060

County

OS

Zip

77060

County

OS

6. CERTIFICATE OF STATUS DESIRED

2006-09-01 14:56:00

7. Name and Address of Current Registered Agent

CT Corporation System

Street Address (P.O. Box Numbers Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

Plantation

State

FL

Zip Code

33324

REINSTATEMENT 04-06

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0506, F.S.

Signature of Registered Agent

*Connie Bryan*

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

Date

9/01/2006

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	R. Dale Ross	16825 Northchase Drive, Suite 1300	Houston, TX 77060
VP/D	Bruce D. Broussard	16825 Northchase Drive, Suite 1300	Houston, TX 77060
VP/S/T	George Morgan	16825 Northchase Drive, Suite 1300	Houston, TX 77060
VP/AS/T	Phillip H. Watts	16825 Northchase Drive, Suite 1300	Houston, TX 77060

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate taxes satisfy the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Phillip H. Watts*

Phillip H. Watts

08/31/2006

(832) 601-6188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**PHYSICIAN RELIANCE NETWORK, INC.**

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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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