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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| 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 - No P.O. Box # 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 |
| 7. Name and Address of Current Registered Agent CT Corporation System | | 4. Date Incorporated or Qualified To Do Business in Florida 04/16/2003 | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road | | 5. FEI Number 752495107 | |
| Suite, Apt. #, Etc. | | Applied For <input type="checkbox"/> Not Applicable | |
| City Plantation | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for each State | |
| State FL | | <input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | |
| Zip Code 33324 | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.060 or 617.0503, F.S. | | | |
| Signature of Registered Agent <i>Jane Zachritz</i> | | Name Jane Zachritz Assistant Secretary | |
| REGISTERED AGENT MUST SIGN | | Date 12/19/07 | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| President/Director | R. Dale Ross | 16825 Northchase Drive, Suite 1300 | Houston, TX 77060 |
| VP/Director | Bruce D. Broussard | 16825 Northchase Drive, Suite 1300 | Houston, TX 77060 |
| VP, Secretary | Richard P. McCook | 16825 Northchase Drive, Suite 1300 | Houston, TX 77060 |
| VP Asst. Sec. | 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 name satisfies 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: <i>PHW</i> | | Date 12/19/2007 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Phillip H. Watts | | Daytime Phone # 832-601-6225 | |

REINSTATEMENT 2007

2007

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT
PHYSICIAN RELIANCE NETWORK, INC

| | |
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