

*Page 1 of 1*

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000042374 3)))



H090000423743ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**CORPORATION REINSTATEMENT**

**PHYSICIAN RELIANCE NETWORK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

Electronic Filing Menu


Corporate Filing Menu

Help

Payelur

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FEB 24 PM 3:36

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F03000001921</b>					
1. Corporation Name <b>PHYSICIAN RELIANCE NETWORK, INC.</b>					
2. Principal Office Address - No P.O. Box # 10101 Woodloch Forest			3. Mailing Office Address 10101 Woodloch Forest		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State The Woodlands, TX			City & State The Woodlands, TX		
Zip 77380	Country US	Zip 77380	Country US	4. Date Incorporated or Qualified To Do Business in Florida 04/16/2003	
5. FEI Number 752495107				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for Certificate of Status <input type="checkbox"/>	
7. Name and Address of Current Registered Agent					
Name <b>CT Corporation System</b>					
Street <b>1200 South Pine Island Road</b>					
Suite, Apt. #, Etc.					
City <b>Plantation</b>			State <b>FL</b>	Zip Code <b>33324</b>	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0506 or 617.0503, F.S. Signature of Registered Agent: <u>Howard L. Volz</u> <b>Howard L. Volz</b> <small>REGISTERED AGENT MUST SIGN</small> <b>Asst. Secretary</b> Date: <u>2-23-2009</u>					
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	Bruce D. Broussard	10101 Woodloch Forest		The Woodlands, TX 77380	
VP & T	Michael A. Sicuro	10101 Woodloch Forest		The Woodlands, TX 77380	
VP	Glen Laschober	10101 Woodloch Forest		The Woodlands, TX 77380	
VP & S	Vicki Hitzhusen	10101 Woodloch Forest		The Woodlands, TX 77380	
VP & S	Phillip H. Watts	10101 Woodloch Forest		The Woodlands, TX 77380	
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 sections 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: <u>PH Watts</u>		Phillip H. Watts		02/23/2009	281-863-1000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

B 2/24/09  
STATEMENT 08-09

CR2E081 (12/08)

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.