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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

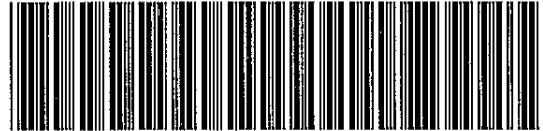
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

03 APR 16 AM 11:13

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TALLAHASSEE, FLORIDA

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CT CORPORATION

April 16, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5725294 WO
Customer Reference 1: Qualification
Customer Reference 2: PRN, Inc. (DE) Qualificat

Dear Secretary of State, Florida:

Please file the attached:

Physician Reliance Network, Inc. (DE)
Qualification
Florida

File Second!!!

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

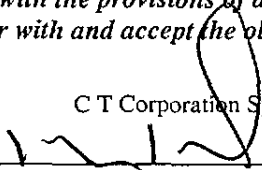
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. Physician Reliance Network, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 75-2495107
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/31/2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/01/2003
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 16825 Northchase Drive, Suite 1300, Houston, TX 77060
(Principal office address)
same
(Current mailing address)
8. Management of the non-medical aspects of oncology physician practices.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:  **KIRK HOOD**
C T Corporation System
(Registered agent's signature) **ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE

B. OFFICERS

SEE ATTACHMENT

President: R. Dale Ross

Address: 16825 Northchase Drive, Suite 1300

Houston, TX 77060

Vice President: George D. Morgan

Address: 16825 Northchase Drive, Suite 1300

Houston, TX 77060

Secretary: George D. Morgan

Address: 16825 Northchase Drive, Suite 1300 Houston, TX 77060

Treasurer: George D. Morgan

Address: 16825 Northchase Drive, Suite 1300 Houston, TX 77060

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. PHWatt

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Phillip H. Watts, Vice President

(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

1. Full Name: R. Dale Ross
Officer/Director: Officer, Director
Officer's Title: President
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060
2. Full Name: Bruce D. Broussard
Officer/Director: Officer, Director
Officer's Title:
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060
3. Full Name: George D. Morgan
Officer/Director: Officer
Officer's Title: Vice President, Secretary & Treasurer
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060
4. Full Name: Phillip H. Watts
Officer/Director: Officer
Officer's Title: Vice President, Assistant Secretary & Assistant Treasurer
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060

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TALLAHASSEE, FLORIDA

Delaware

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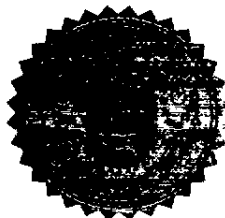
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIAN RELIANCE NETWORK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3471350 8300

AUTHENTICATION: 2363325

030242768

DATE: 04-14-03