

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90111 027 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000002982**

1. Corporation Name
PHYSICIAN RELIANCE NETWORK, INC.

Principal Place of Business Mailing Address
5420 LBJ FREEWAY #900 5420 LBJ FREEWAY #900
DALLAS TX 75240 DALLAS TX 75240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
06/09/1997
 4. FEI Number Applied For
75-2495107 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRENCH, O E	
STREET ADDRESS	5917 TURTLE CREEK DRIVE	
CITY-ST-ZIP	PLANO TX 75093	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAILES, JOSEPH S MD	
STREET ADDRESS	5420 LBJ FREEWAY #900	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VTCF	<input type="checkbox"/> DELETE
NAME	MURDOCK, MICHAEL N	
STREET ADDRESS	5420 LBJ FREEWAY #900	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCGINN, GEORGE P	
STREET ADDRESS	5420 LBJ FREEWAY #900	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BINKER, NANCY G	
STREET ADDRESS	5420 LBJ FREEWAY #900	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALY, ROBERT W	
STREET ADDRESS	5420 LBJ FREEWAY #900	
CITY-ST-ZIP	DALLAS TX 75240	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRINKER, NANCY G
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED BY PRESIDENT/SECRETARY 4/7/99 972-392-8700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)