

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90085 032 ***150.00

DOCUMENT # F97000002982

1. Entity Name

PHYSICIAN RELIANCE NETWORK, INC.

Principal Place of Business

Mailing Address

5420 LBJ FREEWAY #900
 DALLAS TX 75240

5420 LBJ FREEWAY #900
 DALLAS TX 75240-6280

2. Principal Place of Business

16825 Northchase

3. Mailing Address

16825 Northchase

Suite, Apt. #, etc.

Ste 1300

Suite, Apt. #, etc.

Ste 1300

City & State

Houston, Tx

City & State

Houston, Tx

Zip

77060

Country

USA

Zip

77060

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2495107

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R Dale Ross	
STREET ADDRESS	16825 Northchase, Ste 1300	
CITY-ST-ZIP	Houston, Tx 77060	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD K EVERSON	
STREET ADDRESS	16825 Northchase, Ste 1300	
CITY-ST-ZIP	Houston, Tx 77060	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L Fred Pounds	
STREET ADDRESS	16825 Northchase, Ste 1300	
CITY-ST-ZIP	Houston, Tx 77060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)