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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000000031

1. Entity Name
PRN PHYSICIAN RELIANCE, LLC

Principal Place of Business	Mailing Address
16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060	16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08312006 REIN-LLC CR2E101 (11/05)

4. FEI Number 75-2787011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 9/01/2006
Signature, typed or printed name of registered agent and title if applicable — FOR: Registered Agent — DATE

FILE NOW!!! FEE IS $200.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSS, R. DALE 16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BROUSSARD, BRUCE D 16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MORGAN, GEORGE D 16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WATTS, PHILLIP H 16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSS, R. DALE 16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROUSSARD, BRUCE C 16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05-06	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Phillip H. Watts 08/31/2006 832-601-6168
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

M03000000031

Florida Department of State
Division of Corporations
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