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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

PRN PHYSICIAN RELIANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MD3000000031

1. Limited Liability Company's Name

PRN Physician Reliance, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 10101 Woodloch Forest		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State The Woodlands, TX		City & State	
Zip 77380	Country US	Zip	Country

4. State/Country of Formation DE/US	
5. Date Organized or Qualified To Do Business in Florida 01/06/2003	
6. FEI Number 75-2767011	☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, etc.	
City Plantation	State FL
Zip Code 33324	

☐ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent	<u>E.A. Wallace</u> Date <u>6/25/2009</u>
REGISTERED AGENT <u>Assistant Secretary</u>	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Bruce D. Broussard	10101 Woodloch Forest	The Woodlands, TX 77380
VP	Glen Laschober	10101 Woodloch Forest	The Woodlands, TX 77380
VP	Michael Sicuro	10101 Woodloch Forest	The Woodlands, TX 77380
VP	Phillip H. Watts	10101 Woodloch Forest	The Woodlands, TX 77380
REINSTATEMENT 07-09 AL			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager	<u>PHW</u>	Date	<u>06/24/2009</u>	Daytime Phone #	<u>281-863-4860</u>
Typed or printed name of signing Managing Member/Manager <u>Phillip H. Watts</u>					