

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000807

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** PHYSICIAN RELIANCE NETWORK, LLC

**Current Principal Place of Business:**

10101 WOODLOCH FOREST  
TEH WOODLANDS, TX 77380

**New Principal Place of Business:**

**Current Mailing Address:**

10101 WOODLOCH FOREST  
TEH WOODLANDS, TX 77380

**New Mailing Address:**

FEI Number: 75-2495107      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: US ONCOLOGY INC.  
Address: 10101 WOODLOCH FOREST  
City-St-Zip: TEH WOODLANDS, TX 77380

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: B. SCOTT AITKEN

MGRM

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date