

M09000000807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

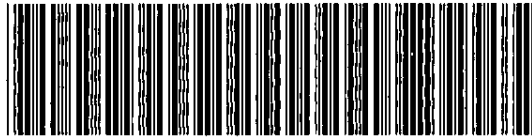
(Business Entity Name)

(Document Number)

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11 MAR 16 PM 4: 16
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR 17 2011
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 AM 8: 54

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 704325 4392992

AUTHORIZATION :

COST LIMIT

Spredeman
\$10,000

FILED STATE
SECRETARY OF CORPORATIONS
11 MAR 16 AM 8:54

ORDER DATE : March 10, 2011

ORDER TIME : 3:31 PM

ORDER NO. : 704325-090

CUSTOMER NO: 4392992

CHANGE OF AGENT

NAME: PHYSICIAN RELIANCE NETWORK,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 AM 8:54

1. Name of the limited liability company: PHYSICIAN RELIANCE NETWORK, LLC
2. (a) Principal office address of limited liability company: 10101 Woodloch Forest
 (Note: **MUST BE STREET ADDRESS**) The Woodlands, TX 77380
- (b) Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**) _____

- 02/26/2009 M09000000807
 3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: C T Corporation System
- Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Corporation Service Company
- NEW Registered Office Address:** 1201 Hays Street
 (**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maureen Cathell
 (Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person
 (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Grace E. Kirby
 (Signature of Registered Agent) Grace E. Kirby, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00