

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002329

FILED
Jul 22, 2011
Secretary of State

Entity Name: PHYSICIAN RELIANCE, LLC

Current Principal Place of Business:

10101 WOODLOCH FOREST
THE WOODLANDS, TX 77380

New Principal Place of Business:

Current Mailing Address:

10101 WOODLOCH FOREST
THE WOODLANDS, TX 77380

New Mailing Address:

FEI Number: 26-0362882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: PHYSICIAN RELIANCE NETWORK, LLC
Address: 10101 WOODLOCH FOREST
City-St-Zip: THE WOODLANDS, TX 77380

Title: MGR
Name: BROUSSARD, BRUCE D
Address: 10101 WOODLOCH FOREST DRIVE
City-St-Zip: THE WOODLANDS, TX 77380

Title: MGR
Name: BOGAN, WILLIE C
Address: ONE POST STREET, 35TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

Title: MGR
Name: LOIACONO, NICHOLAS A
Address: ONE POST STREET, 35TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

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: BRUCE D. BROUSSARD MGR 07/22/2011

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