

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002329

Entity Name: PHYSICIAN RELIANCE, LLC

Current Principal Place of Business:

6555 STATE HIGHWAY 161
IRVING, TX 75039

Current Mailing Address:

6555 STATE HIGHWAY 161
IRVING, TX 75039 US

FEI Number: 26-0362882

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: PAULA WASHBURN

04/16/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name HAMMONDS, JASON
Address 6555 STATE HIGHWAY 161
City-State-Zip: IRVING TX 75039

Title MANAGER
Name KAMINSKY, KIRK
Address 6555 STATE HIGHWAY 161
City-State-Zip: IRVING TX 75039

Title ASST. SECRETARY
Name PATE, JULIET
Address 6555 STATE HIGHWAY 161
City-State-Zip: IRVING TX 75039

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIET PATE

ASST SECRETARY

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date