

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002329

**Entity Name:** PHYSICIAN RELIANCE, LLC

**Current Principal Place of Business:**

10101 WOODLOCH FOREST  
THE WOODLANDS, TX 77380

**Current Mailing Address:**

ONE POST STREET  
SAN FRANCISCO, CA 94104 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           LAU, MICHELE  
Address        ONE POST STREET  
City-State-Zip: SAN FRANCISCO CA 94104

Title           MANAGER  
Name           LOPORCARO, NICOLA  
Address        10101 WOODLOCH FOREST  
City-State-Zip: THE WOODLANDS TX 77380

*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:** MICHELE LAU

**MANAGER**

**04/20/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date