

2017 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 SAIA, JOHN G
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

Title MANAGER
Name WAGNON, DAVID
Address 1515 KENDRICK LANE
City-State-Zip: LAKELAND FL 33805

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: JOHN G SAIA

MANAGER

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date