

2019 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:

6535 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	LAU, MICHELE	Name	BALDANZI, TODD E
Address	ONE POST STREET	Address	6555 NORTH STATE HIGHWAY 161
City-State-Zip:	SAN FRANCISCO CA 94104	City-State-Zip:	IRVING TX 75039
Title	AUTHORIZED REPRESENTATIVE		
Name	LANGFORD, CAROL T		
Address	2 NATIONAL DATA PLAZA NE		
City-State-Zip:	ATLANTA GA 30329		

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: CAROL T LANGFORD

**AUTHORIZED
REPRESENTATIVE**

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date