


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAY -1 PM 2: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
---------------------------------------	---

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L94000000426

PREMIER FAMILY CARE, L.C.
4800 BEACH BLVD.
STE. 10
JACKSONVILLE FL 32207-0733

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

4800 BEACH BLVD.
STE. 10
JACKSONVILLE FL 32207

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/29/1994	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3264183	5. Date of Last Report
			03/25/1996
			6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
GEIGER, ALLAN T 130J GULF LIFE DRIVE SUITE 1500 JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002176942-5 City FL
	Zip Code -05/13/97--01079--014 ***203.75 ***203.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CLARK, STEPHEN J	4244 UNIVERSITY BLVD SOUTH	JACKSONVILLE FL
MGR	BROWN, J. BROOKS	3627 UNIVERSITY BLVD SOUTH	JACKSONVILLE FL
MGR	CUSICK, W. PATRICK	3627 UNIVERSITY BLVD. SOUT	JACKSONVILLE FL
MGR	BAERS, DOUGLAS	3627 UNIVERSITY BLVD. SOUT	JACKSONVILLE FL
MGR	BOMHARD, JAMES S	4244 UNIVERSITY BLVD. SOUT	JACKSONVILLE FL
MGR	BORK, DUANE I.	4244 UNIVERSITY BLVD. SOUT	JACKSONVILLE FL

*200
5/12/97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information in this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **4/28/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #