

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 APR 29 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L94000000426
PREMIER FAMILY CARE, L.C. 4800 BEACH BLVD. STE. 10 JACKSONVILLE FL 32207-0733	

1a. Principal Place of Business Address  4800 BEACH BLVD. STE. 10 JACKSONVILLE FL 32207
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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
Zip	Country	59-3264183	<input type="checkbox"/> Not Applicable
		6. Date of Last Report	6. Certificate of Status Desired
		05/01/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
GEIGER, ALLAN T 1301 GULF LIFE DRIVE SUITE 1500 JACKSONVILLE FL 32207	Name MOTOLAW, Inc. Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. Suite, Apt. #, etc. Suite 1301 City Jacksonville
	500002511216--4 -05/05/98--01093--018 ****188.75 Code ****188.75 FL 32207

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 *Alan Geiger* as President DATE March 9, 1998

(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 L	4244 UNIVERSITY BLVD. SOUT	JACKSONVILLE FL

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on 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: *[Signature]*

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