File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUN - 9 AM 8: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
 of Limited Liability Company **DOCUMENT #** L9400000509 1a. Principal Place of Business Address PEDINET, L.C. P.O. BOX 292520 8676 GRIFFIN ROAD **DAVIE FL 33329** FORT LAUDERDALE FL 33328 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/30/1994 4. FEt Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0528077 5. Date of Last Report 6. Certificate of Status Desired Ζίρ Country Country \$8.75 Additional Fee Required 05/05/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SAMUELS, EUGENE Street Address (P.O. Box Number le Not Acceptable)

SUDDUZ557663-6

Sulto Ant # etc. -05/12/38-01003-007 8676 GRIFFIN RD. COOPER CITY FL 33328 ****188.75 ****188.75 City Zip Code 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 purplese 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 Accupting Appointment) (NOT) Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 8676 8616 GRIFFIN ROAD MGR HERTZ, BRADLEY COOPER CITY FL MGR HOLZMAN, BERNARD M.D. 4300 ALTON ROAD, 1ST FLOOR 292 Gardenia St. MIAMI BEACH FL. tovernier if CASTRO, ADRIANA M.D. 7000 S.W. 97 AVENUE: #201 MIAMI FL мGR PREGEN, SAMSON M.D. 7480 FAIRWAY DRIVE, #202 MIAMI LAKES FL

11. Ido 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.

8676 arthin Rd.

201 N. UNIVERSITY DRIVE

601 N. FLAMINGO DR., #105

SIGNATURE:

MGR

MGR

LITVAK, BARIS M.D.

MARQUIT, HOMER M.D.

Gross, Randoll H.

RAUNIL BLAS - HAWAGE GNATURE DHAME OF SIGNING MANAGING ME MEE'R OH MANAGER

(954) 680-0906

PLANTATION FL

PEMBROKE PINES FL

Cooper City, FC.