File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L98000000657

99 MAR 19 AM 10:04

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

DOCUMENT # L98000000657

1 Name and Mailing Address of Limited Liability Company

PRIMARY CARE SPECIALISTS OF THE PALM BEACH ES, L.C.
5700 LAKE WORTH ROAD, SUITE 204
LAKE WORTH FL 33463

L98000000657

1a. Principal Place of Business Address
5700 LAKE WORTH ROAD, SUITE
LAKE WORTH FL 33463

2 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 05/22/1998
3a. State of Formation: FL
4. FEI Number: 65-0837261 ☐ Applied For ☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
SCHEPPS, MITCHELL D PHILLIPS POINT, WEST TOWER 777 SOUTH FLAGLER DRIVE, SUITE 1102 WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City: FL Zip Code

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****188.75 ****188.75

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) (Only Required If Registered Agent Information Is Changed)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TOME, ROBERT E M.D.	5700 LAKE WORTH ROAD, SUIT	LAKE WORTH FL 33463
MGR	AGUIRRE, GERALDO R M.D	5700 LAKE WORTH ROAD, SUIT	LAKE WORTH FL 33463

BK
3/19/99

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. 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: _____ Pres. 3-11-99 1-561-968-7968
(Signature And Typed Or Printed Name Of Individual) (Title) (Date) (Telephone Number)

INHSE10 R (12-98)