


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 13 PM 1:16 <i>H 4/14</i>	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # M9600000060			
1. Name and Mailing Address of Limited Liability Company AMERICA'S HEALTH NETWORK, A.L.C. 2500 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819-7626		1a. Principal Place of Business Address 2500 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819-7626			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 02/26/1996 3a. State of Formation DE	
				4. FEI Number 13-3860754 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/28/1997	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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 _____ <small>(Print Name of Registered Agent, and Signature of Applicant) (NOTE: Registered Agent must be a natural person residing in the State of Florida)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MADDOX, JOSEPH A JR.	PLAZA 2500 UNIVERSAL STUDIOS A		ORLANDO FL 32819-7626 000002491330--3 -04/16/98--01119--007 ***188.75 ***188.75	
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: <i>Joseph A. Maddox, Jr.</i> JOSEPH A. MADDOX, JR. 4/3/98 (407)224-6900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					