


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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000127 AUTOMATED REIMBURSEMENT SERVICE L.L.C. 640 N. LASALLE STREET, SUITE 640 CHICAGO IL 60610
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1a. Principal Place of Business Address 640 N. LASALLE STREET, SUITE 640 CHICAGO IL 60610

2. Principal Place of Business 3125 Commercial Ave Suite, Apt. #, etc.	2a. Mailing Address 3125 Commercial Ave. Suite, Apt. #, etc.
City & State Northbrook, IL	City & State Northbrook, IL
Zip 60062	Zip 60062
Country USA	Country USA

3. Date Organized or Qualified 03/14/1997	3a. State of Formation IL
4. FEI Number 36-4082528	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/20/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) (If "X" Registered Agent signature required when changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SWIFT, ALAN K	3125 Commercial Ave 640 N. LASALLE STREET, SUITE 640	Northbrook, IL 60062 CHICAGO IL

ENCLOSURE 2
03/30/99-01051-011
***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: Alan K Swift ALAN K. SWIFT 2-25-99 847-480-0870