


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 89 MAR 18 AM 11:30 SECRETARY OF STATE ALLAHUABAH, FLORIDA	
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 # M98000001326 ALLIED THERAPY SERVICES, L.L.C. 2501 NORTH PETERSON STREET VALDOSTA GA 31602		1a. Principal Place of Business Address 2501 NORTH PETERSON STREET VALDOSTA GA 31602			
2. Principal Place of Business 463 Johnson way Suite, Apt. #, etc.		2a. Mailing Address P.O. Box 537 Suite, Apt. #, etc.		3. Date Organized or Qualified 11/12/1998	
City & State Lake Park GA		City & State Lake Park, GA		3a. State of Formation GA	
Zip 31636		Country USA		4. FEI Number 43 1791879	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent SANDERS, KIMBERLY 201 EAST MARION STREET MADISON FL 32340			8. Name and Address of New Registered Agent/Office Name 188.75 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 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 <u>Kimberly M. Sanders</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when deemed first)</small>			DATE 3-3-99		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	BOWLING, JOHN	2501 NORTH PETERSON STREET	VALDOSTA GA		
MGR	MCGAHEE, JAMES	2501 NORTH PETERSON STREET	VALDOSTA GA		
MGR	HEMBREE, GREG	2501 NORTH PETERSON STREET	VALDOSTA GA		
MGR	HOWARD, ALFRED J	7733 FORSYTH BLVD., SUITE	CLAYTON MO		
MGR	SCHULTE, MARY BETH	7733 FORSYTH BLVD., SUITE	CLAYTON MO		
			100002822631 - 3 -03/29/99 - 01145 - 007 ****188.75 ****188.75 <div style="text-align: right;"><i>du</i></div>		
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: <u>M. Beth Schulte</u> <i>Secretary</i> <i>Member/Manager 2/23/99 314 - 863 7428</i>					