


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 MAR 23 PM 3:25 <i>4/23/23</i>					
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 # L96000000497			
PROPHECY GROUP, L.C. 1005 W COLLEGE BLVD, SUITE A NICEVILLE FL 32578		1a. Principal Place of Business Address 1005 W COLLEGE BLVD, SUITE A NICEVILLE FL 32578			
2. Principal Place of Business <i>1005 W College Blvd</i> DOCTORS MEDICAL CENTER Suite, Apt. #, etc. <i>A</i> City & State <i>Niceville FL</i> Zip <i>32578</i> Country <i>USA</i>		2a. Mailing Address <i>1005 W College Blvd</i> Suite, Apt. #, etc. <i>A</i> City & State <i>Niceville FL</i> Zip <i>32578</i> Country <i>USA</i>		3. Date Organized or Qualified <i>05/06/1996</i> 3a. State of Formation <i>FL</i> 4. FEI Number <i>59-3378308</i> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report <i>09/10/1997</i> 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent PERRI, DANIEL C 5 CLIFFORD DRIVE SHALIMAR FL 32579		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <i>000002469790--8</i> Suite, Apt. #, etc. <i>-03/26/98 -01103--018</i> City <i>FL</i> Zip Code <i>****188.75 ****188.75</i>			
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>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	HARRIS, MICHAEL A	1005 W COLLEGE BLVD, SUITE		NICEVILLE FL	
MEM	MICHAEL A. HARRIS M.,	1005 W COLLEGE BLVD, SUITE		NICEVILLE FL	
MEM	MARK S CALKINS M.D.P,	550 TWIN CITIES BLVD		NICEVILLE FL	
MEM	BONE AND JOINT CLINI,	194 REDSTONE AVE		CRESTVIEW FL	
MEM	TURNER, GREGORY W	4400 E HWY 20		NICEVILLE FL	

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: *Michael A. Harris* 3-2-98 850-678-3997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #