


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUN 14 AM 10:03

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L9400000558</b>  <b>PRIMARY CARE ASSOCIATES, L.C.</b> <b>1846 TAMiami TRAIL</b> <b>SUITE 12</b> <b>VENICE FL 34293</b>
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1a. Principal Place of Business Address  <b>1846 TAMiami TRAIL</b> <b>SUITE 12</b> <b>VENICE FL 34293</b>
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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 <b>10/17/1994</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>65-0526749</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <b>05/15/1998</b>	6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>

7. Name and Address of Current Registered Agent  <b>CISLO, DAVID G</b> <b>1846 S. TAMiami TRAIL</b> <b>STE. 12</b> <b>VENICE FL 34293</b>	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable) <b>300002904693</b> Suite, Apt. #, etc. <b>-06/15/99-01034-001</b> City <b>FL</b> Zip Code <b>****188.75 ****188.75</b>
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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 **5-15-99**  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	<del>BABIAR, CRISTINA MD</del>	<del>1872 S. TAMiami TRAIL, SUITE 12</del>	<del>VENICE FL</del>
MGRM	DAVID G. CISLO, D.O.,	12749 SOUTH TAMiami TRAIL	NORTH PORT FL
MGRM	CHIRILLO, JOSEPH JR.,	190 WEST DEARBORN STREET	ENGLEWOOD FL
MGRM	ROBERTSON, DONALD W D.	2828 SOUTH MCCALL ROAD #21	ENGLEWOOD FL
MGRM	SAMALE, RICHARD M.D.	1211 JACARANDA BLVD.	VENICE FL
MGRM	Weerasooriya, Lokshman MD	1861 Phuda Rd, Englewood	Fla.

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:  **Richard Samale MD 4/28/99 492-2212**  
(941)  
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER (Type) (Date) (Phone #)