LIMITED LIABILITY COMPANY ANNUAL REPORT  ANDUAL REPORT  Secretary of State Secretary of State					FILE OF STATE DIVISION OF COMPORATIONS			
1999 DIVISION OF CORPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee					99 MAR 18 AM 10: 37			
<b>\$ 188.</b>	75 Make Check Payable T							
1. Name a of Limit	and Mailing Address ted Liability Company	MENT	<b>#</b> 1.92000	000045				
20 E	ANCE HEALTH CARE GROUE. MELBOURNE AVENUE, SOURNE, FL 32901		04 G(4/	AEM	1a. Principal Pla	ce of Business /	Address	
2 Principa	al Place of Business	ig Address		3. Date Organize		3a. State of Formation		
			W. Hibiscus Blvd.		11/23/1992 Florida		Florida	
c/o 0'	Brien, Riemenschneide	t c/o (	O'Brien, Rie	menschneid	4. FEI Number	0.01	Applied For	
City & State City & Sta			ourne, FL		59-3151 5. Date of Last R		Not Applicable  6. Certificate of Status Desired	
Žφ 32901	Country Zip 3290		1 Country USA		03/31/1998		S8.75 Additional Fee Required	
	7. Name and Address of Current	<u></u>		<u> </u>		lered Agent/Office		
1251 S	, JOHN M MD. PA 5. Hickory Street erne, FL 32901	Street Address (P.O. Box Number is Not 1686 W. Hibiscus B Suite Apt #, etc  City Melbourne				Zip Code 32901		
its register as register	ant to the provisions of Sections 608 416, red office or registered agent, or both, in the red agent, and accept the obligations.				tive vote of a majorit	y of the member		
SIGNATURE (New Age of A Perchapter and the Pt. Herphen  10. Title Managing Members/Managers				Pusiness Street Address			City, State and Zip Code	
	-GAYDEN - JOHN -M				eŧ	Melbournes-FL32901		
MGRM	Health Care Associat Brevard, Inc.	730 Emerson Drive		Palm Bay, FL 32907				
					20	000a -03/2 ****	28: <b>1</b> :92:22: 6/3301009004 188:75 ****188:7	
indicated of limited hab attachmen	preby certify that the information supplied wo not this annual report is true and accurate a pility company or the receiver or trustee ent with an address. Health Car.	and that my s	ignature shall have the	same legal effect as equired by Chapter	s if made under oath 608: Florida Statute	; that I am a ma	naging member or manager of th	