



**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> <b>\$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L93000000166		
GLOBAL MEDICAL FUND, LC 5114 BEECHWOOD ROAD DELRAY BEACH FL 33484		1a. Principal Place of Business Address  5114 BEECHWOOD ROAD DELRAY BEACH FL 33484		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/25/1993
City & State		City & State		FL
Zip		Zip		4. FEI Number
				65-0142861
				5. Date of Last Report
				08/15/1996
				6. Certificate of Status Desired
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent	
BARTNOVSKY,, MISHA 5114 BEECHWOOD RD. DELRAY BEACH, FL 33484			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			Suite, Apt. #, etc.	
			City	
			Zip Code	
			FL	
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's signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	BARTNOVSKY, MISHA	5114 BEECHWOOD ROAD	DELRAY BEACH FL	
300002137743--4 -04/09/97--01063--011 ****203.75 ****203.75				
				
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: <u>Misha Bartnovsky</u> <span style="float: right;">4-2-1997</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>				