


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 22 AM 8:34 ST. ONE PAGE OF STATE TALLAHASSEE, 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 # L93000000305 ALPHA TEN LIMITED COMPANY 10936 N 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617 | | 1a. Principal Place of Business Address 10936 N 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | | 3. Date Organized or Qualified 09/20/1993 4. FET Number 59-3199764 5. Date of Last Report 03/16/1998 | |
| | | | | 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent WILLIAM, BELVA 10936 N. 56TH ST. SUITE 202 TEMPLE TERRACE FL 33617 | | | 8. Name and Address of New Registered Agent/Office 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. Thereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ | | | DATE _____ | | |
| (The Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is printed when a change is made) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | BELVA WILLIAMS INC. , | 10936 56TH STREET #202 | | TEMPLE TERRACE FL | |
| MR | PROFESSIONAL REHAB I, | 806 W. COLUMBUS DR. | | TAMPA FL | |
| | | 4c 3-26-99 | | 510000028235.09- --2 -03/30/99-01051--003 ***188.75 ***188.75 | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Belva Williams</i> 3-17-99 (813) 910-2054 | | | | | |