
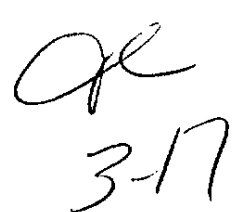


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 # L93000000430 ALPHA ELEVEN 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 Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 12/08/1993		3a. State of Formation FL	
4. FEI Number 59-3213095		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/27/1997		6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent WILLIAMS, BELVA 10936 56TH STREET 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 800002461748--4 -03/19/98--01023--002 ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PROFESSIONAL REHAB I,	806 W. COLUMBUS DR.	TAMPA FL
MGR	BELVA WILLIAMS, INC.	10936 56TH STREET SUITE 20	TEMPLE TERRACE FL
 3-17			

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: *Belva Williams*

3-13-98

813-980-2851