



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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L94000000094			
IMMOKALEE FAMILY DOCTOR'S CLINIC, L.C. 1501 B. SIXTH AVE. IMMOKALEE FL 33934		1a. Principal Place of Business Address  1501 B. SIXTH AVE. IMMOKALEE FL 33934			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/28/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0469967	
Country		Country		5. Date of Last Report	
				02/03/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
PUERTO, JUAN R DR. 1501 B. SIXTH AVE. IMMOKALEE FL 33934		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City			
		300002482193-- -04/08/98--01023--002 ****188.75 ****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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PUERTO, JUAN R DR.	1501 B. SIXTH AVE.		IMMOKALEE FL	
MGRM	PUERTO, CAROL	1501 B. SIXTH AVE.		IMMOKALEE FL	
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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:**  3/25/98. 9416572779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #