


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 AUG 10 AM 8:24

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L94000000150**

FLORIDA MANAGED HEALTH CARE, L.C.  
100 RIALTO PLACE  
SUITE 615  
MELBOURNE FL 32901

1a. Principal Place of Business Address

100 RIALTO PLACE  
SUITE 615  
MELBOURNE FL 32901

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/12/1994	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3235881	
		5. Date of Last Report	6. Certificate of Status Desired
		02/12/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
STUMP, DANIEL M.D. 100 RIALTO PLACE SUITE 615 MELBOURNE FL 32901	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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	(New Address)	% 2904 MEADOW CIRCLE	IOWA CITY IOWA
MGRM	DOROTHY, PHILIP D	<del>% 2750 1ST AVE. N.E., SUITE</del>	<del>CEDAR RAPIDS IA</del>
MGRM	STUMP, DANIEL M.D.	%109 SILVER PALM AVE.	MELBOURNE FL
MGRM	RIEBSAME, WILLIAM PH.D.	%4951 BABCOCK STREET, SUITE 3,	NE PALM BAY FL

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\*\*\*\*588.75 \*\*\*\*588.75

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: William Riebsame, Ph.D. 8/6/98 (407) 728-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #