
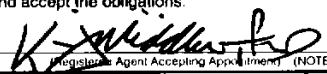
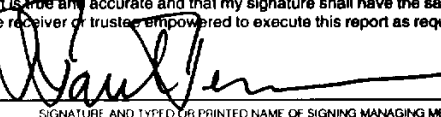


2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 AUG 30 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1 Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000150		1a. Principal Place of Business Address	
FLORIDA MANAGED HEALTH CARE, L.C. 100 RIALTO PLACE SUITE 615 MELBOURNE FL 32901				100 RIALTO PLACE SUITE-615 MELBOURNE FL 32901	
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. SUITE 747		Suite, Apt. #, etc.		04/12/1994	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 59-3235881	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 08/10/1998	
				6. Certificate of Status Desired <input type="checkbox"/> <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 MIDDLETON, KEVIN J PSY.D. Street Address (P.O. Box Number is Not Acceptable) 100 RIALTO PLACE Suite, Apt. #, etc. SUITE 747 City MELBOURNE FL Zip Code 32901			
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 8-24-99			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM DOROTHY, PHILIP D		82904 MEADOW CIRCLE		200002977522--4 -09/02/99--01097--005 IOWA**CITY**IA***588.75	
MGRM STUMP, DANIEL M.D.		8109 SILVER PALM AVE.		MELBOURNE FL	
MGRM RIEBSAME, WILLIAM PH.		84951 BABCOCK STREET, SUIT		PALM BAY FL	
MGRM HANSEN, THOMAS W, MD		175 INDIAN CREEK LANE SE		CEDAR RAPIDS IA 52403	
MGRM PENNINGROTH, R PAUL MD		3500 ELLWIN LANE SE		CEDAR RAPIDS IA 52403	
MGRM SAFDAR, ALI MD		307 ASHLAND CT SE		CEDAR RAPIDS IA 52403	
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: 		Date 8-24-99 319-363-8705			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Daytime Phone #			