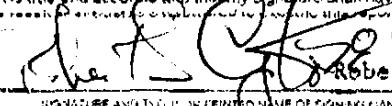


LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -4 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000188 EMERALD COAST WOMENS CENTER, P.L. 125 REDSTONE AVENUE SUITE B CRESTVIEW FL 32539		1a. Principal Place of Business 125 REDSTONE AVE. SUITE A CRESTVIEW FL 32536			
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 05/02/1994 4. FEI Number 59-3234541 5. Date of Last Report 02/17/1997	
				3a. State of Formation FL ☐ Applied For ☐ Not Applicable 6. Certificate of Status Desired ☐	
7. Name and Address of Current Registered Agent CAPUTO, ROBERT S 125 REDSTONE AVE. SUITE A CRESTVIEW FL 32536			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 7000002514427-3 Suite, Apt. #, etc. 05/06/98-01133-018 ***188.75 ***188.75 City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.503, 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 _____ (Signature of Agent Accepting Appointment) (Signature of Registered Agent will be required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GLENN M. BANKERT, P.A.	125 REDSTONE AVE., SUITE A		CRESTVIEW FL	
MGRM	ROBERT S. CAPUTO, P.A.	125 REDSTONE AVE., SUITE A		CRESTVIEW FL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 result of a meeting of the members of the company, and that this report is required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		Robert S. Caputo		4-29-98 850-689-2223	