FILE NOW: Fee after May 1, will be $263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 238.75 — Annual Report $100.00 + $138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000242

CAPE CORAL MEDICAL PLAZA, L.C.
~~8695 COLLEGE PKWY~~
~~SUITE 322~~
~~FT. MYERS FL 33919~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address
8695 COLLEGE PKWY
SUITE ~~322~~
FT. MYERS FL 33919

2 Mailing Address: Three Riverway
Suite, Apt #, etc: Suite 500
City & State: Houston, TX
Zip: 77056
County:

2a. Principal Place of Business:
Suite, Apt #, etc: Suite 113
City & State:
Zip:
County:

3. Date Organized or Qualified: 06/02/1994
3a. State of Formation: FL
4. FEI Number: 76-0448033 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: N//a
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

LEFFLER, WALTER R
8695 COLLEGE PKWY
SUITE ~~322~~
FT. MYERS FL 33919

8. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable):
Suite, Apt #, etc: Suite 113
City: FL
Zip Code:

600001468326
04/28/95--01061--005
****238.75 ****238.75

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 ______

10. Title	Managing Members Managers	Business Street Address	City, State and Zip Code
MGR	MCARTHUR, J O	3 RIVERWAY, SUITE 500	HOUSTON TX 77056
~~MGR~~ MGRM	LEFFLER, WALTER R	8695 COLLEGE PKWY, ~~#322~~ #113	FT. MYERS FL 33919
~~M/P~~	~~LEFFLER, WALTER R~~	~~8695 COLLEGE PKWY, #322~~	~~FT. MYERS FL~~
MEM	JARAMAR, LTD.	THREE RIVERWAY, SUITE 500	HOUSTON, TX 77056

4/26/95 MS

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 2/23/95 (813) 482-2100

INBSE10 R(12/94)