


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</b> \$ 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 # L94000000306		1a. Principal Place of Business Address	
COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA L.C. 1323 WE. BUSCH BLVD. STE. #B TAMPA FL 33612		98-AR CM		1323 WE. BUSCH BLVD. STE. #B TAMPA FL 33612	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
6800 N Dale Mabry Suite, Apt. #, etc. Suite 209-211		6800 N. Dale Mabry Suite, Apt. #, etc. Suite 209-211		06/30/1994	
City & State Tampa FL		City & State Tampa FL 33614		3a. State of Formation FL	
Zip 33614		Country Hills.		4. FEI Number 59-3254470	
				5. Date of Last Report 03/10/1997	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
PATEL, SANDIP I 122 SOUTH HOWARD AVENUE TAMPA FL 33606		8. Name and Address of New Registered Agent/Office			
		Name			
		Street Address (P.O. Box Number is Not Acceptable) 800002482598--8			
		Suite, Apt. #, etc. -04/08/98--01061--015			
		City FL			
		Zip Code ****188.75 ****188.75			
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
M	PATEL, PRADIP C	11016 DALE MABRY HIGHWAY N		TAMPA FL	
MGR	SHAH, RUPESH	11016 DALE MABRY HIGHWAY N		TAMPA 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)(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: \_\_\_\_\_

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

2/28/98 813-270-6280

Date

Daytime Phone #