File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 FEB 26 PH 3: 27 FILING FEE 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 # L9400000306 SECRETARY OF STATE COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA L.C. 6800 N. DALE MABRY 6800 N. DALE MABRY SUITE 209-211 270-299 SUITE 209-211 TAMPA FL 33614 TAMPA FL 33614 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 06/30/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3254470 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zιρ Country Country \$8.75 Additional Fee Required 04/03/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PATEL, SANDIP I 122 SOUTH HOWARD AVENUE Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 Suite. Apt #, etc Zip Code 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. DATE SIGNATURE _. (Registered Agent Acceptag Appointment). (IND): Projection Agent signature required when removeling 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code PATEL, PRADIP C 11016 DALE MABRY HIGHWAY N TAMPA FL М MGR SHAH, RUPESH 11016 DALE MABRY HIGHWAY N TAMPA FL 7d0002795337~~**4** ~03/05/99---01010---018 ****188.75 ****188.75 MAR ~ 2 1999 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (1), 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 logal 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 SIGNATURE:

AND TYPE DIOR PROVIDED NAME OF SIGNING MANAGING MEMBER OR MANAGER