


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**APPROVED  
AND  
FILED**

**1997 MAY -1 PM 2: 58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #L94000000426</b>
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**PREMIER FAMILY CARE, L.C.  
4800 BEACH BLVD.  
STE. 10  
JACKSONVILLE FL 32207-0733**

1a. Principal Place of Business Address

**4800 BEACH BLVD.  
STE. 10  
JACKSONVILLE FL 32207**

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

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
<b>08/29/1994</b>	<b>FL</b>
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>59-3264183</b>	
5. Date of Last Report	6. Certificate of Status Desired
<b>03/25/1996</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
<b>GEIGER, ALLAN T 1301 GULF LIFE DRIVE SUITE 1500 JACKSONVILLE FL 32207</b>

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. <b>200002176942-5</b>
City <b>FL</b>
Zip Code <b>32207</b>

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
MGR	CLARK, STEPHEN J	4244 UNIVERSITY BLVD SOUTH	JACKSONVILLE FL
MGR	BROWN, J. BROOKS	3627 UNIVERSITY BLVD SOUTH	JACKSONVILLE FL
MGR	CUSICK, W. PATRICK	3627 UNIVERSITY BLVD. SOUT	JACKSONVILLE FL
MGR	BAERS, DOUGLAS	3627 UNIVERSITY BLVD. SOUT	JACKSONVILLE FL
MGR	BOMHARD, JAMES S	4244 UNIVERSITY BLVD. SOUT	JACKSONVILLE FL
MGR	BORK, DUANE I.	4244 UNIVERSITY BLVD. SOUT	JACKSONVILLE 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 in 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:**  **4/28/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #