
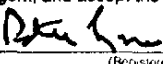
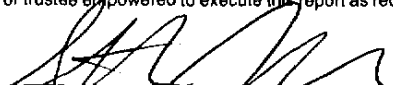


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 29 AM 9:01 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 #			
		L94000000426			
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			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/29/1994	
City & State		City & State		FL	
Zip		Zip		59-3264183	
Country		Country		05/01/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
GEIGER, ALLAN T 1301 GULF LIFE DRIVE SUITE 1500 JACKSONVILLE FL 32207		Name MOTOLAW, Inc.			
		Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd.			
		Suite, Apt. #, etc. Suite 1301			
		City Jacksonville			
		State FL			
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.		6. Date of Last Report 05/01/1997			
SIGNATURE 		as President		DATE March 9, 1998	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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 L	4244 UNIVERSITY BLVD. SOUT		JACKSONVILLE FL	
				AL APR 30 1998	
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: 					
<small>SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					
<small>Date Daytime Phone #</small>					