


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 E. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 15 AM 10:07	
<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 <b>DOCUMENT # L94000000558</b>  PRIMARY CARE ASSOCIATES, L.C. 1846 TAMIAMI TRAIL SUITE 12 VENICE FL 34293		1a. Principal Place of Business Address  1846 TAMIAMI TRAIL SUITE 12 VENICE FL 34293			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 10/17/1994 3a. State of Formation FL 4. FEI Number 65-0526749 5. Date of Last Report 02/04/1997 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  CISLO, DAVID G 1846 S. TAMIAMI TRAIL STE. 12 VENICE FL 34293		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 500002528515- -05/19/98-111024-019 ****188.75 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.					
SIGNATURE _____ DATE _____ <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	
MGRM	BABIAK, CRISTINA MD	1872 S. TAMIAMI TRAIL, SUI		VENICE FL	
MGRM	DAVID G. CISLO, D.O.,	12749 SOUTH TAMIAMI TRAIL		NORTH PORT FL	
MGRM	GRECO, KAREN M.D.	1211 JACARANDA BLVD.		VENICE FL	
MGRM	CHIRILLO, JOSEPH JR.,	190 WEST DEARBORN STREET		ENGLEWOOD FL	
MGRM	ROBERTSON, DONALD W D.	2828 SOUTH MCCALL ROAD #21		ENGLEWOOD FL	
MGRM	SAMALE, RICHARD M.D.	1211 JACARANDA BLVD.		VENICE 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 TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*J.S. Chirillo, Jr* 5-12-98 941-474-3359