File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN 14 AM 10:09

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 # L94000000558

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	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 10/17/1994
3a. State of Formation: FL
4. FEI Number: 65-0526749 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 05/15/1998
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CISLO, DAVID G 1846 S. TAMIAMI TRAIL STE. 12 VENICE FL 34293	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City / Zip Code

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-06/15/99---01034---001
****188.75 ****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 5-15-99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

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	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
MGRM	Weerasooriya, Lakshman MD	1861 Placida Rd,	Englewood Fla.

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: Richard Samale MD 7/28/99 (941) 492-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)