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

	ED LIABILI' ANNUAL F 199	REPORT	AKTER		Se	DEPARTME Ira B. Me cretary of I OF CORI	ortham State	1		DIV	FIL SECRETAR VISION OF (ED Y OF ST ORPOR	ATE TIONS		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										98 MAR -6 AM 9: 52					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9400000569										1a. Principal Place of Business Address					
ROMARK LABORATORIES, L.C. 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 870 TAMPA FL 33607									6200 COURTNEY CAMPBELL CAUSE SUITE 870 TAMPA FL 33607						
2. Princip	oal Place of Bus	ng Address				3. Date (Organize	d or Qualified	3a. Stat	of Forma	tlon				
Sulte, Apt. #, etc. Sulte, A					of. #, etc.				10/24/1994 FL 4. FEI Number Applied For						
City & State City & S					tate				59-3276909						
Z ip	Country			Zip Count			5. Date of			l Last R	eport		cate of Sta	lus Desired	
7. Name and Address of Current Registered					Agent			8. N	ame and	07/1 Address	QQ7 of New Regis	tered Age	nt/Office		
its registered office or registered agent, or both, in the State of Floris as registered agent, and accept the obligations. SIGNATURE						Sulte, Apt. #, etc. City Florida Statutes, the above-named limited				****188.75 ****188.75 Zip Code FL liability company submits this statement for the purpose of changing tive vote of a majority of the members. I hereby accept the appointment					
10. Title	r	OTE: Registered Agent signature required when reinstating) Business Street Address													
MGR MGR MEM	ROSSIG	SNOL,	JEAN-F		6200	COUR!	rney rney	CAMP	BELL	CAU	ТАМРА ТАМРА	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 accure 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 TYPED OR PRINTER NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/2/98

(813)282-8544