

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

**APPROVED  
AND  
FILED**

1997 FEB -3 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L194000000746**  
  
GLENN M. BANKERT, D.O., P.L.  
4698 LOVEGRASS LANE  
CRESTVIEW FL 32539

1a. Principal Place of Business Address  
  
125 A REDSTONE AVE  
SUITE A  
CRESTVIEW FL 32539

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 12/28/1994  
3a. State of Formation FL  
4. FEI Number 59-3291704  
 Applied For  
 Not Applicable  
5. Date of Last Report 10/21/1996  
6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
BANKERT, GLENN M  
4698 LOVEGRASS LANE  
CRESTVIEW FL 32539

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City FL Zip Code

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
MGRM	CAPUTO, ROBERT S TRUST	125 REDSTONE AVE, SUITE A	CRESTVIEW FL
MGRM	BANKERT, GLENN M	125 REDSTONE AVE, SUITE A	CRESTVIEW FL

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-02/05/97--01079--023  
\*\*\*\*203.75 \*\*\*\*203.75

*Handwritten:* 1/30/97 904-689-2223

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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:** *Glenn M. Bankert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date: 1/30/97 Daytime Phone #: 904-689-2223