
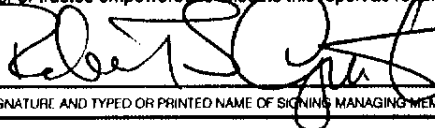


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

97 FEB 24 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> - \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L94000000747			
ROBERT S. CAPUTO, D.O., P.L. 4578 LIVE OAK CHURCH ROAD CRESTVIEW FL 32536		1a. Principal Place of Business Address 125--A REDSTONE AVE CRESTVIEW FL 32539			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/28/1994	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number	
				59-3286777	
				5. Date of Last Report	
				10/21/1996	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
CAPUTO, ROBERT S 4578 LIVE OAK CHURCH ROAD CRESTVIEW FL 32536			Name		
			Street Address (P.O. Box Number is Not Acceptable) 500002097645--7		
			Suite, Apt. #, etc. 02/25/97-01148-014		
			****203.75 ****203.75		
			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	BANKERT, GLENN M TRUST	125 REDSTONE AVE., SUITE A		CRESTVIEW FL	
MGRM	CAPUTO, ROBERT S	125 REDSTONE AVE., SUITE A		CRESTVIEW FL	
<i>A. Alan</i> 2/24/97					
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.					
<b>SIGNATURE:</b> 		D.O. P.L.		2-21-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone	
				9046892225	