

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998

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



FILED
 98 MAY -4 PM 4: 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 # L94000000747**

ROBERT S. CAPUTO, D.O., P.L.
 4578 LIVE OAK CHURCH ROAD
 CRESTVIEW FL 32536

1a. Place of Incorporation
**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 125-A REDSTONE AVE
 CRESTVIEW FL 32539**

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/28/1994	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	59-3286777	
7. Name and Address of Current Registered Agent				5. Date of Last Report	6. Certificate of Status Desired
CAPUTO, ROBERT S 4578 LIVE OAK CHURCH ROAD CRESTVIEW FL 32536				02/24/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
CAPUTO, ROBERT S 4578 LIVE OAK CHURCH ROAD CRESTVIEW FL 32536		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		300002514429 -05/06/98--01139--017 ***188.75 ****188.75 FL	

9. Pursuant to the provisions of Sections 608.416 and 608.608 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 _____
(For Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

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

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: **Robert S. Caputo** *4-29-98* 850-689-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGER, MEMBER OR MANAGER Date Day, Month, Year