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

- 12L HOW, Tecator may not be to be						
LIMITED LIABITLITY COMPANY ANNUAL REPORT Secretary of S DIVISION OF CORPO			lortham f State	FILED		
FILING FEE Annual Report \$109.00 + \$103.75 Corporation Supplemental Fee				97 FEB 13 AM 11: 31		
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				SECRETARY AND		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000283				SECRETARY OF STATE TALLAHASSEE FLORIDA 18. Principal Place of Business Address - 0010A		
QUALITY PHYSICIANS NETWORK L.C. 11380 PROSPERITY FARMS ROAD SUITE 216-A 2/0-A PALM BEACH GARDENS FL 33410				11380 PROSPERITY FARMS ROAD SUITE 216 A 210 A PALM BEACH GARDENS FL 33410		
If above mailing address is incorrect in any way, line through Incorrect Information and enter correction in Block 2a			prrection in Block 2a.		0	
2 Princip	Principal Place of Business 28. Mailing Address			3. Date Organized or Qualified	3a. State of Formation	
Suite, Ap	e, Apt. #, etc. Suite, Apt. #, etc.			l '.'''. '	řL	
2	210-A 210-A			4. FEI Number	Applied For	
City & Sta	& State City & State			65-0594404	Not Applicable	
Zip	Country	Zip Cour	ntry	5. Date of Last Report	6. Certificate of Status Desired	
<u> </u>	7 Name and Address of Current	Pagletared &cont		02/28/1996	pletand front	
			Name	8. Name and Address of New Registered Agent		
C T CORPORATION SYST, EMS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			CRM6 PROKOS Street Address (P.O. Box Number is Not Acceptable) //380 Prosperity Franks Road Sulte, Apt. #, etc.			
-			City	Sure 210 - A City Zip Code		
PALM BENCH GARDONS FL 83410						
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 DATE						
10. Title	(Registered Agent Accepting A	Applintment) (NOTE: Registered Agent signat	ure required when reinstating			
10. 1100	Managing Members/Manager	Bosin	1833 Oli GEL AUGI 633	Oity,	, State and Zip Code	
MGR PROKOS, CRAIG 11380 PROSPERITY FARMS ROA PALM BEACH GARDENS FL						
				-02/18 ****2	0900823 /9701013002 03.75 ****203.75	
11. I do hereby certify that the information supplied with this filling 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: (5%1) 625-6552 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayling Phone #						
SIGNATURE AND TYPED OR PHINTED INAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayling Prone I						