File on or before May 1, 1998 or Limited Liablilty Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 98 APR -8 PM 1:59 1998 **DIVISION OF CORPORATIONS** SECHETARY OF TAKE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L95000000522 1a. Principal Place of Business Address LIFE FAMILY PRACTICE CENTER, P.L. 8923 N.E. 134TH AVENUE 8923 N.E. 134TH AVENUE LADY LAKE FL 32159 LADY LAKE FL 32159 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 07/01/1995 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3322085 5. Date of Last Report 6. Certificate of Status Desired Žin Zip Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 918 West Main Street 9000024875 Leesburg, FL 34749 City ****188.75 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. (NOTE Registered Agent signature required when reinstating) 10. Title **Business Street Address** Managing Members/Managers City, State and Zip Code MEM KRAUCAK, NELSON 8923 N.E. 134TH AVENUE LADY LAKE FL MEM VILLA, MARIVIC 8923 N.E. 134TH AVENUE LADY LAKE 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 ply 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 of pustify empower in block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

Date

attachment with an address.

SIGNATURE: