


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L95000000522</b>  LIFE FAMILY PRACTICE CENTER, P.L. 8923 N.E. 134TH AVENUE LADY LAKE FL 32159
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FILED  
99 APR -7 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1a. Principal Place of Business Address 8923 N.E. 134TH AVENUE LADY LAKE FL 32159	3. Date Organized or Qualified 07/01/1995	3a. State of Formation FL
	4. FEI Number 59-3322085	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Date of Last Report 04/08/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent SMITH, PHILLIP S ESQ 918 WEST MAIN STREET TALLAHASSEE FL 32304
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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 <u>Phillip S Smith</u> DATE <u>4/5/99</u>
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10. Title	Managing Members/Managers	Business Street Address	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 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: <u>[Signature]</u> DATE: <u>3-17-99</u>
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