

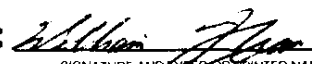


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  <b>97 MAR -7 AM 9:41</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE \$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DR. Q &amp; ASSOCIATES, L.C. 5427 COMMERCIAL WAY  SPRING HILL FL 34606</b>		<b>DOCUMENT #L95000000539</b>  <b>1a. Principal Place of Business Address</b>  <b>5427 COMMERCIAL WAY SPRING HILL FL 34606</b>			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> <b>07/12/1995</b> <b>3a. State of Formation</b> <b>FL</b> <b>4. FEI Number</b> <b>59-3287930</b> <b>5. Date of Last Report</b> <b>04/28/1996</b> <b>6. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <b>SR 75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>  <b>BYLSMA, WILLIAM J 5333 COMMERCIAL WAY SUITE 104 SPRING HILL FL 34606</b>				<b>8. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City      Zip Code <b>FL</b>	
<b>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.</b>					
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
<b>MGR</b>	<b>CRAM, BILL</b>	<b>5427 COMMERCIAL WAY, SUITE</b>		<b>SPRING HILL FL</b>	
<b>000002110100--1</b> <b>-03/11/97--01087--006</b> <b>***212.50 ***212.50</b>  					
<b>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>					
<b>SIGNATURE:</b>  <b>416</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> <b>Feb 16/97 141 255-5556</b> <small>Date Daytime Phone #</small>					