File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State
DIVISION OF CORPORATIONS 1999 99 APR 14 AM 10: 45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARTO DE LA SECRETA DE LA COMPA Name and Mailing Address
 of Limited Liability Company **DOCUMENT # 195000000539** 1a. Principal Place of Business Address DR. Q & ASSOCIATES, L.C. 5421 COMMERCIAL WAY 5421 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL FL 34606 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 07/12/1995 FLSuite, Apt. #. etc. Suite, Apl. #, etc. 4. FEI Number Applied For City & State City & State 59-3287930 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zio Country \$8.75 Additional Fee Required 04/20/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BYLSMA, WILLIAM J 5421 COMMERCIAL WAY Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34606 Suite, Apt #, etc Zip Code 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. Thereby accept the appointment as registered agent, and accept the obligations. The petered Agend Accepting Appropriations, (NOTE Regulated EA) in a suitable in it does which easi 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR CRAM, BILL 5421 COMMERCIAL WAY SPRING HILL FL 1 donoo2848281 --- 8 -04/22/99--01107--013 ****188 75 | ****188.75 fc 19-99 11 Ido 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 timited 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

SIGNATURE AND EVERTOOR PROGRAMME OF SHAPPLY MANAGED AND MARKET HANDS

Apila/29 416.285.5656

INHSE10 R (12-98)

attachment with an address

SIGNATURE:

dian