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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORRORATIONS

FILING FEE

Annual Report \$100.00 + \$193.75 Corporation Supplemental Fee

\$ 203.75

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Name and Malling Address of Limited Liability Company

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address HMS PARTNERS MIAMI, L.C. 1201 BRICKELL AVENUJE 201 BRICKELL AVENUJE MIAMI FL 33131 NIAMI FL 33131 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation D9/07/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 55-0609758 H Not Applicable 5. Date of Last Report. .8. Certificate of Status Desired Zιρ Country 8-75 Additional Fee Required 03/08/1996 B. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name ARNHOLT, JOHN 1201 BRICKELL AVENUJE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 -03/28/97--01085--021 Suite, Apt. #, etc. *****203₇₀0de *****203.75 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 Fiorida. 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. DATE SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Trie Managing Members/Managers **Business Street Address** City, State and Zip Code MEM HMS PARTNERS, LTD. 10 WEST BROAD STREET, SUIT COLUMBUS OH MGR HMS PARTNERS, LTD. 10 WEST BROAD STREET, SUIT COLUMBUS OH 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 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