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
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 12 PM 12:33

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000852**

LYMPHEDEMA SERVICES, L.C.
SAWGRASS REGIONAL MEDICAL CENTRE
12651 WEST SUNRISE BOULEVARD
SUNRISE FL 33322

1a. Principal Place of Business Address

SAWGRASS REGIONAL MEDICAL CE
12651 WEST SUNRISE BOULEVARD
SUNRISE FL 33322

OK

OK

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

2a. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

3. Date Organized or Qualified: 10/25/1995 — 3a. State of Formation: FL

4. FEI Number: 65-0619115 — ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 03/09/1998 — 6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

LERNER, DAVID
SAWGRASS REGIONAL MEDICAL CENTRE
12651 W. SUNRISE BLVD.
SUNRISE FL 33323

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

9. Pursuant to the provisions of Sections 606.416 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 thereof, accepts the appointment as registered agent, and accepts the obligations.

SIGNATURE: David Lerner — DATE: 2/19/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LERNER, DAVID B	12651 W. SUNRISE BLVD.	SUNRISE FL

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-03/15/99--01135--005
****188.75 ****188.75

11. I 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: David Lerner 2/19/99 (954)846-7855

INTERNET R (12/98)