NOW: Fee after May 1, will be $500.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -4 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 #L96000000113

FAMILY HEALTH SERVICES, L.C.
131 S.W. 15TH STREET
OCALA FL 34471

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address

131 S.W. 15TH STREET
OCALA FL 34471

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: 01/25/1996

3a. State of Formation: FL

4. FEI Number: 59-3362495

☐ Applied For
☐ Not Applicable

5. Date of Last Report: 7/02/1997

6. Certificate of Status Desired: $5.00 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

MICHELL, DYER
131 S.W. 15TH STREET
OCALA FL 34471

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City: FL

Zip Code

400002520034--2
-05/12/98--01034--013
****188.75 *****188.75

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 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MUNROE REGIONAL HEALTH	131 S.W. 15TH STREET	OCALA FL
MEM	FISCHER, STEPHEN E M.D	11531 S.E. U.S. HIGHWAY 30	BELLEVIEW FL
MEM	HILDNER, JOSEPH M.D.	11531 S.E. U.S. HIGHWAY 30	BELLEVIEW FL
MEM	MORGAN, GLEN M.D.	2760 S.E. 17TH STREET, SUI	OCALA 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: SB Mortham 4/28/98

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER OR MANAGER | Date | Daytime Phone #

INHSE10 R(12-96)