

NOW. FEE after May 1, will be \$300.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED

98 MAY -4 PM 3:45

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

1a. Principal Place of Business Address
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/25/1996		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3362495		5. Date of Last Report		7/02/1997		6. Certificate of Status Desired	
Zip		Country		Zip		Country	

7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent			
MICHELI, DYER 131 S.W. 15TH STREET OCALA FL 34471				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				400002520034--2			
				Suite, Apt. #, etc. -05/12/98--01034--013			
City				City			
FL				FL			

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 amending)

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	1531 S.E. U.S. HIGHWAY 30	BELLEVIEW FL
MEM	HILDNER, JOSEPH M.D.	1531 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) (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.

SIGNATURE: *[Signature]* 4/25/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR MANAGER Date Daytime Phone #