


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 CORPORATIONS		FILED 97 MAY -6 AM 9:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000000118 PREMIUM HEALTHCARE OF SOUTH FLORIDA, L.C. 3100 S.W. 62ND AVENUE MIAMI FL 33155		1a. Principal Place of Business Address 3100 S.W. 62ND AVENUE MIAMI FL 33155			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 7741 SW 62 Avenue Suite, Apt. #, etc. Suite 202 City & State Miami, FL Zip 33143		2a. Mailing Address PO Box 431860 Suite, Apt #, etc. City & State Miami, FL Zip 33243-1860		3. Date Organized or Qualified 01/25/1996	
				3a. State of Formation FL	
				4. FEI Number 65-0637383 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 05/14/97	
				6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent SUSSMANE, JEFFREY M.D. 3100 S.W. 62ND AVENUE MIAMI, FL 33155			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			700002178467--E -05/14/97--01090--010 ****203.75 ****203.75 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 reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SUSSMANE, JEFFREY M.D	3100 S.W. 62ND AVENUE		MIAMI, FL 33155	
MGM	TROYTA, CHRISTOPHER, MD	3100 SW 62ND AVENUE		MIAMI, FL 33155	
MGM	RIVAS-CHACON, RAFAEL, MD	7201 SW 82 Avenue		MIAMI, FL 33143	
MGM	HOWARD, CLEVE, MD	3200 SW 60 CT., # 103		MIAMI, FL 33155	
MGM	REVES-GARCIA, JESSIE, MD	3200 SW 60 CT., #204		MIAMI, FL 33155	
MEM	HERTZBERG, BETTI, MD	7700 RED ROAD		S. MIAMI, FL 33143	
MGM	BLYWEISS, DAVID, MD	14750 NW 77 COURT, SUITE 300		MIAMI LAKES, FL 33014	
MGM	RIGHTON, SAMUEL, MD	701 W. 47 STREET		MIAMI BEACH, FL 33140	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: _____				DATE: 4/5/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Daytime Phone #	
				305-662-8446	

5/13/97