
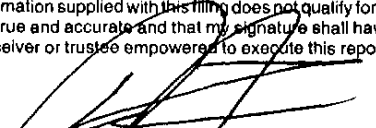


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 29 PM 4: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000199		1a. Principal Place of Business Address	
MEP, L.C. 4555 EMERSON EXPRESSWAY SUITE 200 JACKSONVILLE FL 32207				4555 EMERSON EXPRESSWAY SUITE 200 JACKSONVILLE FL 32207	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME		02/16/1996	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				59-3344150	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				05/01/1997	
				6. Certificate of Status Desired	
				SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
LEWIS, BRETT J 4651 SALISBURY RD., STE. 155 JACKSONVILLE FL 32256				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				4555 Emerson Expressway	
				Suite, Apt. #, etc.	
				Suite 200	
				City	
				Jacksonville	
				Zip Code	
				FL 32207	
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	
MGRM	MEDICAL EQUITIES PARTN	4651 SALISBURY RD., STE. 1		JACKSONVILLE FL	
MGRM	MEDICAL EQUITIES PARTN	4651 SALISBURY RD., STE. 1		JACKSONVILLE FL	
		4555 Emerson Expressway		32207	
		Suite 200			
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:  4/27/98 904-399-2126					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					