


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 SEP 10 AM 11:50

FILING FEE \$ 588.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000497**

PROPHECY GROUP, L.C.
1005 W COLLEGE BLVD, SUITE A
NICEVILLE FL 32578

1a. Principal Place of Business Address

1005 W COLLEGE BLVD, SUITE A
NICEVILLE FL 32578

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.		05/06/1996	FL
City & State		City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
PERRI, DANIEL C 5 CLIFFORD DRIVE SHALIMAR FL 32579	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc. 500002291655
	City FL 09/12/97--01074--004 ****203.75 ****203.75

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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HARRIS, MICHAEL A	1005 W COLLEGE BLVD, SUITE	NICEVILLE FL
MEM	MICHAEL A. HARRIS M.,	1005 W COLLEGE BLVD, SUITE	NICEVILLE FL
MEM	MARK S CALKINS M.D.P,	550 TWIN CITIES BLVD	NICEVILLE FL
MEM	BONE AND JOINT CLINI,	194 REDSTONE AVE	CRESTVIEW FL
MEM	TURNER, GREGORY W	4400 E HWY 20	NICEVILLE 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: Michael A. Harris 8/12-97 904678397

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Michael A. Harris, M.D., P.A., F.A.C.O.G.

Gynecology, Obstetrics, and Infertility

Doctors Medical Center
1005 WEST COLLEGE BOULEVARD
SUITE A
NICEVILLE, FLORIDA 32578
(904) 678-3997

Mar Walt Professional Center
907 MAR WALT DRIVE
SUITE 2011
FT. WALTON BEACH, FL 32548
(904) 862-1622

September, 8, 1997

Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # L96000000497

Dear Sirs:

Enclosed please find check number 1011 written in the amount of \$203.75 regarding Limited Liability Company Annual Report. This is the second attempt to take care of this matter as check number 1010 in the amount of \$203.75 was sent to you on May 5, 1997, but was not received.

Please consider this as full payment to my account.

Thank-you,



Michael A. Harris, M.D., F.A.C.O.G.
MAH/tnb