File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE VISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR -9 AM 8: 05 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Ulp K Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9600000701 1a. Principal Place of Business Address PODICARE MEDICAL, L.C. 2500 EAST HALLANDALE BEACH BLVD. 2500 EAST HALLANDALE BEACH B SUITE 803 SUITE 803 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 06/28/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0677176 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country SB.75 Additional Fee Required 04/11/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office POLLACK, GEORGE 2500 EAST HALLANDALE BEACH BLVD. Street Address (P.O. Box Number Is Not Acceptable) SUITE 803 HALLANDALE FL 33009 Zip Code City 9. Pursuant to the provisions of Sections 608.4 is 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_ opointment) (NOTE: Registered Agent argnature required when reinstating) (Registered Agent Accepting 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR POLLACK, GEORGE 2500 E. HALLANDALE BEACH B HALLANDALE FL MGR GALITZ, JEFFREY 210 S. FEDERAL HIGHWAY SUI HOLLYWOOD FL 400002488224--9 -04/14/98--01060--004 ****197,50 ****197,50

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-5-97

Daytime Phone #