File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 20 AT 10: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGNETARD OF STATE ORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000917** 1a. Principal Place of Business Address REHAMED INTERNATIONAL, L.L.C. 636 SABAL PALM RD 636 SABAL PALM RD MIAMI FL 33137 MIAMI FL 33137 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 08/29/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0714760 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 04/28/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office TANEN, JEFFREY S ONE BISCAYNE TOWER SUITE 3250 Street Address (P.O. Box Number is Not Acceptable) TWO S BISCAYNE BLVD MIAMI FL 33131 **400002854284**----04/27/99--01108--007 ****188.75 ****188.75 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 _____ (Registered Agent Accepting Approximant). (It all the Selenco Agent sign in order or all when in a father). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM CADEN, JOHN 636 SABAL PALM DR MIAMI FL MORM LEE, ROBERT C 16 CLATBURGH RD THORNTON PA 11 10 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 logal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee emptwered 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

EXECUTOR PRINTED NAME OF SIGNAL AMADAMICS MEMBER OF INCHASE R

SIGNATURE: