
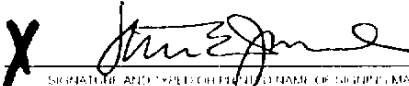


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 11 PM 1:10
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 # L96000001175 TOC SPECIALISTS, P.L. C/O THOMAS W. LAGER, ESQ. 354 OFFICE PLAZA TALLAHASSEE FL 32301		1a. Principal Place of Business Address 3334 CAPITAL MEDICAL BLVD. SUITE 400 TALLAHASSEE FL 32308		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 11/08/1996 4. FEI Number 59-3410035 5. Date of Last Report 03/06/1998
		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$875 Additional Fee Required		
7. Name and Address of Current Registered Agent LAGER, THOMAS W ESQ. 354 OFFICE PLAZA TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 31000002805989 City 03/15/99 01103 004 ***188.75 ***188.75 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 _____		
<small>(Registered Agent Accepting Appointment) (Officer/Registered Agent/Secretary/Registered Agent/Trustee)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGR	JORDAN, STEVE E M.D.	3334 CAPITAL MEDICAL BLVD		TALLAHASSEE 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: 		03/03/99		219-1932