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

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 #** L96000001306

MARCO ISLAND HEALTH PROPERTIES, LLC
4951 TAMIAMI TRAIL NORTH
SUITE 3
NAPLES FL 34103

1a. Principal Place of Business Address

4951 TAMIAMI TRAIL NORTH
SUITE 3
NAPLES FL 34103

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/16/1996	FL
City & State	City & State	4. FEI Number 65-0740233	☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report 04/23/1997	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
HENNING, CHRISTIAN F JR. 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City

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
MGR	ROSIN, JOSEPH A	555 SKOKIE BLVD., SUITE 350	NORTHBROOK IL

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: _Joseph A Rosin Mgr._ 3/30/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #