


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>
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**FILED**  
**98 SEP 11 PM 2:20**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000001356
PINELLAS HEALTH INVESTORS, L.C. 46 THIRD STREET N.W. HICKORY NC 28601	

1a. Principal Place of Business Address
46 THIRD STREET N.W. HICKORY NC 28601

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
6767 86th Avenue	46 Third Street, NW	12/31/1996	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For
		56-2019038	<input type="checkbox"/> Not Applicable
City & State	City & State	<del>APPLIED FOR</del>	
Pinellas Park, FL	Hickory, NC	5. Date of Last Report	6. Certificate of Status Desired
Zip	Country		\$6.75 Additional Fee Required <input type="checkbox"/>
33782	Pinellas	28601	Catawba

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
INTRASTATE REGISTERE, D AGENT CORP 701 BRICKELL AVE. MIAMI FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	Zip Code
	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 \_\_\_\_\_  
(the person Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TREFZGER, CHARLES E	46 THIRD STREET N.W.	HICKORY NC
			400002639794--9 -09/15/98--01054--008 ****588.75 ****588.75
			dec

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:** \_\_\_\_\_ **9/9/98** **(704) 322-5535**  
\_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #