
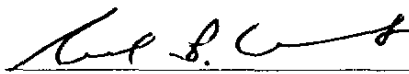


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 AM 10:57	
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 # 197000000383 MEDICAL UTILIZATION REVIEW ASSOCIATES, L.L.C. 7650 CORPORATE CENTER DR, SUITE 400 MIAMI FL 33126		1a. Principal Place of Business Address 7650 CORPORATE CENTER DR, SU MIAMI FL 33126			
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 04/01/1997 3a. State of Formation FL 4. FEI Number 65-0774590 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/02/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent LEHMAN, JODY 8900 N. KENDALL DRIVE MIAMI FL 33176			8. Name and Address of New Registered Agent/Office Name RICHARD WEISS Street Address (P.O. Box Number is Not Acceptable) 7650 CORPORATE CENTER DRIVE # 400 Suite, Apt. #, etc. City MIAMI Zip Code FL 33126		
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) (P.O. Box Number is Not Acceptable)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	GONZALEZ-ARIAS, SERGIO	7650 CORPORATE CENTER DR,	MIAMI FL		
MGRM	KEELEY, BRIAN E	7650 CORPORATE CENTER DR,	MIAMI FL		
MGRM	LAWSON, RALPH E	7650 CORPORATE CENTER DR,	MIAMI FL		
MGRM	CALDERIN, CAROLINA	7650 CORPORATE CENTER DR,	MIAMI FL		
MGRM	MORA, MICHAEL J	7650 CORPORATE CENTER DR,	MIAMI FL		
			7000002806177-1 -03/15/99-01120-008 ****188.75 ****188.75		
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:  3/5/99 305-599-0939					