

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 23 PM 3:11

4/27

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L97000000443

PRISM MEDICAL MANAGEMENT, L.C.  
1905 CLINT MOORE ROAD  
BOCA RATON FL 33431

1a. Principal Place of Business Address

1905 CLINT MOORE ROAD  
BOCA RATON FL 33431

2. Principal Place of Business

1905 Clint Moore Rd

2a. Mailing Address

1905 Clint Moore Rd.

Suite, Apt. #, etc.

#301

Suite, Apt. #, etc.

#301

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

USA

Zip

33496

Country

USA

3. Date Organized or Qualified

04/22/1997

3a. State of Formation

FL

4. FEI Number

65-0747464

☐ Applied For

☐ Not Applicable

5. Date of Last Report

4/22/97

6. Certificate of Status Desired

☐ \$175 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

MENKHAUS, DAVID J  
4800 N FEDERAL HWY STE 210-A  
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

200002469802

03/25/98-01103-024  
\*\*\*\*188.75 \*\*\*\*188.75

FL

Zip Code

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	COLTON, ROBERT	1905 CLINT MOORE ROAD	BOCA RATON FL
MGR	BLANKSTEIN, RON	1905 CLINT MOORE ROAD	BOCA RATON 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: *Robert Colton*

Robert Colton, M.D., Managing Member

(561) 226-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #