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 Name and Malling Address of Limited Liability Company



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

98 MAR -6 AM 9: 35 Secretary of State **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # L97000000467 OPTIMA MEDICAL TECHNOLOGIES, L.C. 644 JUBILEE STREET 644 JUBILEE STREET MELBOURNE FL 32940 MELBOURNE FL 32940 3. Date Organized or Qualified 2. Principal Place of Business 2a. Malling Address 3a. State of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. 05/01/1997 L FEI Number Applied For 59-3**43**7866 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country 58.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office TAYLOR, JOHN F Street Address (P.O. Box Number Is Not Acceptable) 644 JUBILEE STREET MELBOURNE FL 32940 Suite, Apt. #, etc. 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. (Registered Agent Accepting Approximent) (NOTE Registered Agent signature required when reinstating) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MEM TAYLOR, JOHN F 644 JUBILEE STREET MELBOURNE FL MEM WESTBROOK ME 2 Ridge Road Chevy Chase, Md. 20815 Pisarra, Joseph B. 8001 Kerry Lane. MEM

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:

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