

File on or before May 1, 1998. Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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***1050.00 ***188.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 # L97000000085
VITALCARE NORTH AMERICA, L.C.
10200 N.W. 25th Street
Miami, Florida 33172

2. Principal Place of Business 15800 N.W. 13th Avenue Suite, Apt. #, etc.	2a. Mailing Address 15800 N.W. 13th Avenue Suite, Apt. #, etc.
City & State Miami, Florida	City & State Miami, Florida
Zip 33169	Country U.S.A.

1a. Principal Place of Business Address
10200 N.W. 25th Street
Miami, Florida 33172

3. Date Organized or Qualified June 24, 1997	3a. State of Formation Florida
4. FEI Number 65-0763571	☐ Applied For ☐ Not Applicable
5. Date of Last Report	6. Certificate of Status Desired SA 75 Additional Fee to be paid

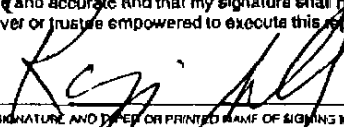
7. Name and Address of Current Registered Agent BRCMC, Inc. c/o Blank Rome Comisky & McCauley 1401 Forum Way, Suite 700 West Palm Beach, FL 33401	8. Name and Address of New Registered Agent/Offices Name BRCMC, Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Blank Rome Comisky & McCauley LLP 1200 North Federal Highway Suite, Apt. #, etc. Suite 417 City Boca Raton Zip Code FL 33432
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9. Pursuant to the provisions of Sections 608.416 and 608.608, 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 resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	Ramzi Abulhaj	10200 N.W. 25th Street 15800 N.W. 13th Avenue	Miami, Florida 33172 Miami, Florida 33169
MGRM	Rick F. Admani	10200 N.W. 25th Street 15800 N.W. 13th Avenue	Miami, Florida 33172 Miami, Florida 33169
MGRM	Fayzeh Zakaria	10200 N.W. 25th Street 15800 N.W. 13th Avenue	Miami, Florida 33172 Miami, Florida 33169

I, the undersigned, 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 attached sheet, with an address.

SIGNATURE:  Ramzi Abulhaj (305) 597-9067
SIGNATURE AND FULL OR PRINTED NAME OF SIGNER'S MANAGING MEMBER OR MANAGER Date Daytime Phone #