File on or before May 1, 1998 a 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 JUN -8 PM 12:14

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***1050.00 ****188.75

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

DOCUMENT # L97000000685

1. Name and Mailing Address of Limited Liability Company
VITALCARE NORTH AMERICA, L.C.
10200 N.W. 25th Street
Miami, Florida 33172

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

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

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

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
$8.75 Additional Fee Required ☐

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/Office
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 FL Zip Code: 33432

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
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 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 attached additional address.

SIGNATURE: _____ Ramzi Abulhaj (305) 597-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-97)