


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 APR 30 AM 11:57	
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 # L97000000685		1a. Principal Place of Business Address	
VITALCARE LATIN AMERICA, L.C. 15800 N.W. 13TH AVENUE MIAMI FL 33169				15800 N.W. 13TH AVENUE MIAMI FL 33169	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/24/1997	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 65-0763571	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 06/08/1998	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
BRCMC, INC. 1200 NORTH FEDERAL HIGHWAY, SUITE 41 BOCA RATON FL 33432				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
				4000 N. 13TH AVENUE MIAMI, FL 33169 05/07/99-01127-003 ****188.75 ****188.75	
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) (FEI) (Registered Agent Signature Required Later and Retyped)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ABULHAJ, RAMZI	15800 N.W. 13TH AVENUE		MIAMI FL	
MGRM	ADMANI, RICK F	15800 N.W. 13TH AVENUE		MIAMI FL	
MGRM	ZAKARIA, FAYZEH	15800 N.W. 13TH AVENUE		MIAMI 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)(j), 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 PRINTED NAME OF REGISTERED AGENT		_____		_____	