File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 30 AMM: 57 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L9700000688 Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address VITALCARE NORTH AMERICA, L.C. 15800 N.W. 13TH AVENUE 15800 N.W. 13TH AVENUE MIAMI FL 33169 MIAMI FL 33169 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 06/24/1997 FLSuite Apt # etc Suite Ant # etc. 4. FEI Number Applied For 65-0763569 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 06/08/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name BRCNC, INC. 1200 NORTH FEDERAL HWY, SUITE 417 Street Address (P.O. Box Number Is Not Acceptable) WEST PALM BEACH FL 33401 EURULIPHISH BB Suite. Apt. #. etc. - 05/07/99---01127---002 ####188.75_**/##@**#188.7 City 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 manging 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE _ DATE (Regellered Agent Agospting Appointment). (NOTE: Register a Agent signation to give a when in its hough 10. Title Managing Members/Managers City, State and Zip Code **Business Street Address** MGRN ABULHAJ, RAMZI 15800 N.W. 13TH AVENUE MIAMI FL MGKN ADMANI, RICK F 15800 N.W. 13TH AVENUE MIAMI FL MGRN ZAKARIA, FAYZEH 15800 N.W. 13TH AVENUE MIAMI FL

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. If unther 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.

MLO: SIGNIT - MANACING MEMOUS CHEMALA, J

SIGNATURE:

INHSE10 R (12-98)