


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		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -1 PM 12:18	
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 # L97000000863			
DADEMED, L.C. <del>200 EAST LAS OLAS BLVD.</del> <del>SUITE 2100</del> <del>FT LAUDERDALE FL</del>		1200 S. PINE ISLAND SUITE 320 PLANTATION FL 33324		1a. Principal Place of Business Address  <del>200 EAST LAS OLAS BLVD.</del> <del>SUITE 2100</del> <del>FT LAUDERDALE FL</del>	
2. Principal Place of Business 1200 S. PINE ISLAND RD. Suite, Apt. #, etc. SUITE 320 City & State PLANTATION FL Zip 33324		2a. Mailing Address 1200 S. PINE ISLAND RD Suite, Apt. #, etc. SUITE 320 City & State PLANTATION FL Zip 33324		3. Date Organized or Qualified 08/07/1997 3a. State of Formation FL 4. FEI Number 65-0774920 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent KTG & S REGISTERED A, GENT CORP. 100 S.E. SECOND STREET SUITE 2800 MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 000002513740--7 -05/06/98--01093--003 ****198405 ****18275 FL			
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	
MGR	AYCSTEN, LUIS E MD	6601 S.W. 80TH ST		SOUTH MIAMI FL	
MGR	BAKER, BARRY MD	7800 S.W. 87TH AVE		MIAMI FL	
MGR	BRETON, CRISTIAN MD	7400 S.W. 88TH ST		MIAMI FL	
MGR	FIALKOW, JONATHAN MD	8950 N KENDALL DR		MIAMI FL	
MGR	KELLER, FERNANDO MD	7325 S W 63RD AVE.		SOUTH MIAMI FL	
MGR	LOEWENHERZ, JAMES MD	9000 S.W. 87TH CT		MIAMI FL	
MGR	MELLA, JUAN MD	8950 N KENDALL DR		MIAMI FL	
MGR	SABRADO, JAVIER MD	8625 S.W. 92ND ST		MIAMI FL	
MGR	VITIELLO, MARCO MD	7575 S.W. 62ND AVE		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) (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 SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #