ANNUAL REPORT
1998

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

FILED
98 MAY -4 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000906

FUTURA HEALTH, L.C.
103 OLD SOUTH DRIVE
CRESTVIEW FL

1a. Principal Place of Business Address
103 OLD SOUTH DRIVE
CRESTVIEW FL

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/18/1997	FL
City & State	City & State	4. FEI Number	☑ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	5. Date of Last Report	6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

CAPUTO, ROBERT S
103 OLD SOUTH DRIVE
CRESTVIEW FL

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

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-05/06/98--01139--015
****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) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	CAPUTO, ROBERT S	103 OLD SOUTH DRIVE	CRESTVIEW FL
MEM	CAPUTO, RYAN T	103 OLD SOUTH DRIVE	CRESTVIEW FL
MEM	CAPUTO, LANA G	103 OLD SOUTH DRIVE	CRESTVIEW 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: _____ Robert S. Caputo 4-29-98 850-689-2223
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

IN-6610 R (12-97)