


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	
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 # L97000000938 VISITORS' HEALTH CENTER, L.C. 3801 S. OCEAN DRIVE APARTMENT 8X HOLLYWOOD FL 33019		1a. Principal Place of Business Address 3801 S. OCEAN DRIVE APARTMENT 8X HOLLYWOOD FL 33019	
2. Principal Place of Business 5450 Lyons Rd. Suite, Apt. #, etc. Apartment 101, City & State Coconut Creek, FL Zip 33073-2823	2a. Mailing Address 5450 Lyons Rd. Suite, Apt. #, etc. Apartment 101 City & State Coconut Creek, FL Zip 33073-2823	3. Date Organized or Qualified 08/22/1997	3a. State of Formation FL
		4. FEI Number 65-0779065	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/24/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent RODRIGUEZ, MIGDALIA M 3801 S. OCEAN DRIVE APARTMENT 8X HOLLYWOOD FL 33019		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 5450 Lyons Rd. Suite, Apt. #, etc. Apartment 101 City Coconut Creek, Zip Code FL 33073-2823	
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 <u>Migdalía M. Rodriguez</u> DATE April 26, 1999 <small>(Registered Agent Accepting Appointment) (NO Registered Agent signature required when reappointing)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RODRIGUEZ, DAISY A M.D	3801 S. OCEAN DRIVE, APT. 5450 Lyons Rd., Apt. 101	HOLLYWOOD FL Coconut Creek, FL
MGRM	RODRIGUEZ, ANTONIO R	3801 S. OCEAN DRIVE, APT. 5450 Lyons Rd., Apt. 101	HOLLYWOOD FL Coconut Creek, FL
2000002866472--8 -05/07/99--01020--023 ****197.50 ****197.50 AS 5/4/99			
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: <u>Daisy A Rodriguez MD</u> Daisy A Rodriguez, MD, 4/26/99 (954) 421-0236 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			