


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 98 MAR 16 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L97000001049		1a. Principal Place of Business Address	
ALPHA FIFTEEN LIMITED COMPANY 806 WEST COLUMBUS DRIVE TAMPA FL 33602				806 WEST COLUMBUS DRIVE TAMPA FL 33602	
2. Principal Place of Business 10936 N. 56th St. Suite, Apt. #, etc. 202 City & State Temple Terrace, FL Zip 33617		2a. Mailing Address 10936 N. 56th St. Suite, Apt. #, etc. 202 City & State Temple Terrace, FL Zip 33617		3. Date Organized or Qualified 09/22/1997 4. FEI Number 59-3469169 5. Date of Last Report	
Country USA Hillsborough		Country USA		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> So As Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
WILLIAMS, BELVA 10936 N. 56TH STREET, SUITE 202 TEMPLE TERRACE FL 33617		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002461752-2 -03/19/98--01023--006 City ***188.75 ***188.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BELVA WILLIAMS, INC.	10936 N. 56TH STREET, SUITE		TEMPLE TERRACE FL	
MGR	PROFESSIONAL REHAB I,	806 WEST COLUMBUS DRIVE		TAMPA FL	
OR 3-17					
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>Belva Williams</u>		3-12-98		813-980-2851	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	