

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

RECEIVED

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

FEB 23 1998

98 APR 13 AM 10:03

2/4/98

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000001375

MEDAGEN, L.C.
C/O JOSEPH N. KIEFER
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

1a. Principal Place of Business Address
C/O JOSEPH N. KIEFER
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
12/09/1997	FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
<i>N/A</i>	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

O'NEIL, DAVID J
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

8. Name and Address of New Registered Agent/Office

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. **000002490520--0**

City _____

State **FL** Zip Code _____

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	O'NEIL, DAVID J	1395 SOUTH PINELLAS AVENUE	TARPON SPRINGS FL
MGR	CARSON, THOMAS E DR.	1259 SOUTH PINELLAS AVENUE	TARPON SPRINGS 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) (l), 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: David J. O'Neil 4/3/98 (813) 942-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #