


U.S. DEPT.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY -3 AM 11: 32

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPORATIONS 99 MAY -3 AM 11:32	
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 # L97000001410		1a. Principal Place of Business Address	
CENTER FOR NICOTINE ADDICTION, L.C. 3725 WEST GRACE STREET, SUITE 300 TAMPA FL 33607		94-AR CM		3725 WEST GRACE STREET, SUIT TAMPA FL 33607	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/10/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3503489	
Country		Country		5. Date of Last Report	
				04/27/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office		3a. State of Formation	
ROSS, JEREMY P 220 SOUTH FRANKLIN STREET TAMPA FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		FL	
		300002871823 05/11/98-01081-006 ****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 _____				DATE _____	
(Registered Agent Accepting Appointment) (Not to be signed by Registered Agent's partner, officer, director, or employee)					
10. Title		Managing Members/Managers		Business Street Address	
City, State and Zip Code					
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: _____ 4-29-99 813-579-6400					
SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER					