LIMITED LIABILITY COMPANY  ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS						SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAR 11 AM 10: 57				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLEMENT # 1, 28.0 (10.0.0.2.5.0)										
of Limi	ited Liability Co MEDICA 14800 NO	L PROFES	OCUMEN SSIONAL RI DERAL HIG 33431	ESOURCE:	S, L.	.c.	4800 1	Place of Business NORTH FEI RATON FL	DERAL HIGHWAY,	
2 Principal Place of Business			28. Ma	2a. Mailing Address				nized or Qualified	3a. State of Formation	
Suite, Apt. #, etc.			Suite, A	Apt. #, etc.			02/27/ 4. FEI Number		FL Applied For	
City & State			City & S	State			65-0822685 Not Applicable			
Zιρ	Zip Country		Zip		Country		5. Date of Last Fleport		6. Certificate of Status Desired  \$8.75 Additional Fee Required	
	7. Name	and Address of	Current Registere	d Agent		8.	Name and Addr	ess of New Regis	stered Agent/Office	
BOCA RATON FL 33431					Suite, Apt #, etc.			Zip Code		
its register	red office or reg	sions of Sections i istered agent, or b accept the obliga	oth, in the State of Fl	8, Florida Statute orida Such chan	as, the abo ge was au	ove-named limited thorized by affirma	Hiability company itive vote of a majo	submits this state only of the member	ement for the purpose of changing s. I hereby accept the appointmen	
SIGNATU	AE.	(B) T should Age	(A. orjatis ji Apgrostenosto	Critte Boy a cost 6 ;	per temperature	nijos Ewas nijoses		3fAt1		
10. Title Managing Members/Managers				Business Street Address			City.	, State and Zip Code		
MGR	HOTCHKISS, DAMES			4800 NORTH FEDERAL			L HWY.,	S BOCA-I	RATON FL	
MGR	R ALT, LES			4800 NORTH FEDERAL			L HWY.,	S BOCA I	RATON FL	
MGR		AUS, DAV				FEDERA	-	BOCA I	RATON FL	
MGR	nagpo	al, Nar	icsh	4800	North	n Federas	e Huy	Boxa	Raton, FL	
							80	00002 -03/19 ****1	<b>806148-</b> 3 3/9901120 -002 88.75 ****188.75	
indicated o	in this annual re ility company o	eport is true and a r the receiver or tr	ccurate and that my	signature shall h	ave the sa	ime legal effect as	if made under oa	th, that Lam a mar	I further certify that the information laging member or manager of the ame appears in Block 10, or on an	

Jayl99 David J. Menkhaus 2/24/99

INHSE10 R (12-98)