File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address DOCUMENT # L98000000401
of Limited Liability Company
THE RIVERVIEW PROFESSIONAL CENTER OF MELBQ 1a. Principal Place of Business Address URNE, L.C. 1825 RIVERVIEW DRIVE 1825 RIVERVIEW DRIVE MELBOURNE FL 32901 MELBOURNE FL 32901 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 03/27/1998 Suite Apt # etc. Suite, Apt #, etc 4. FEI Number Applied For 59-3508154 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office REINMAN, JAMES L REINMAN MATHESON KOSTRO & VAUGHAN, PA Street Address (P.O. Box Number is Not Acceptable) 1825 RIVERVIEW DRIVE MELBOURNE FL 32901 Suite, Apt. #, etc. 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 purbose 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. Thereby accept the appointment as registered agent, and accept the obligations. (Registered Agent Accepting Appointment): (NOTE: Registered Agent signatus regard regard Agent signatus regard r 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR REINMAN, JAMES L 1825 RIVERVIEW DRIVE MELBOURNE FL SODOO2794799---4 -03/04/99--01076--017 \*\*\*\*188.75 \*\*\*\*188.75 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If unther 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

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