**File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

MAY-6

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

**DOCUMENT #** L98000000731

1. Name and Mailing Address of Limited Liability Company

CASEY-MCNAB L.C.
2152 SOUTH SHORE DRIVE
ERIE PA 16505

1a. Principal Place of Business Address

2152 SOUTH SHORE DRIVE
ERIE PA 16505

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 1805 WEST 38TH ST<br>Suite, Apt. #, etc |
| City & State | City & State<br>ERIE PA |
| Zip / Country | Zip 16508 / Country |

3. Date Organized or Qualified: 06/04/1998
3a. State of Formation: FL
4. FEI Number: 25-1813321 ☐ Applied For ☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

| 7. Name and Address of Current Registered Agent | 8. Name and Address of New Registered Agent/Office |
|---|---|
| CORPORATION SERVICE , COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc<br>City **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's signature required when changing agent.)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|---|---|---|---|
| MGR | CASEY ASSET MANAGEMENT | 2152 SOUTH SHORE DRIVE | ERIE PA |

300002874373-- T
-05/13/99--01077--023
****566.25 ****188.75

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:** John C. Lyons, M.D. ✓ ✓ 4/30/99 814-455-2170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR MANAGING MEMBER OR MANAGER — DATE — DAYTIME PHONE #

INHSE10 R (12-98)