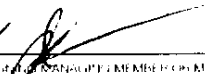


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L98000000731			
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		3. Date Organized or Qualified	
Suite, Apt. #, etc.		1805 WEST 38TH ST		06/04/1998	
City & State		ERIE PA		3a. State of Formation FL	
Zip		Country		4. FEI Number	
16508				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 1201 HAYS STREET TALLAHASSEE FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 not a director)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CASEY ASSET MANAGEMENT	2152 SOUTH SHORE DRIVE		ERIE PA	
300002874373-- 7 -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 PRINTED OR PRINTED NAME OF REGISTERED MANAGER OR MANAGER					