
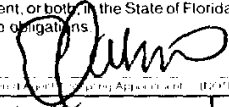
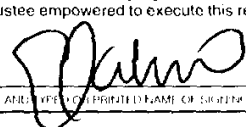


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 # L98000001208 PREFERRED PHYSICIANS HEALTHCARE ALLIANCE, L.C. 701 VALLEY STREAM DRIVE GENEVA FL 32732		1a. Principal Place of Business Address 701 VALLEY STREAM DRIVE GENEVA FL 32732	
2. Principal Place of Business 95 E. Mitchell Mmmd Rd Suite, Apt. #, etc. # 202 City & State Oviedo FLORIDA Zip 32765 Country USA		2a. Mailing Address Suite, Apt. #, etc. City & State 1 Zip Country	
3. Date Organized or Qualified 07/24/1998		3a. State of Formation FL	
4. FEI Number 59-3524277		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CABRERA, EDWARD 701 VALLEY STREAM DRIVE GENEVA FL 32732		8. Name and Address of New Registered Agent/Office 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 3-9-99 <small>(Registered Agent) (Changing Agent and 100% Reg. Agent Signature required when first change)</small>			
10. Title MGR	Managing Members/Managers CABRERA, EDWARD	Business Street Address 701 VALLEY STREAM DRIVE	City, State and Zip Code GENEVA FL
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:  3-9-99			