
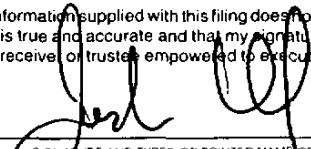


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE L98000001358	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> THE VIRTUAL MEDICAL INTERNET, L.C. C/O BROAD AND CASSEL, MIAMI CENTER 201 SOUTH BISCAYNE BLVD., STE 3000 MIAMI FL 33131		1a. Principal Place of Business Address C/O BROAD AND CASSEL, MIAMI 201 SOUTH BISCAYNE BLVD., ST MIAMI FL 33131	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
3. Date Organized or Qualified 08/05/1998		3a. State of Formation FL	
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD., STE 3000 MIAMI FL 33131		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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NUDEL, JACOB MD	ONE ISLA BEHIA DRIVE	FORT LAUDERDALE FL
MGRM	SCHIMMEL, LAWRENCE MD	3106 COMMERCE PARKWAY	MIAMI FL (DELETE)
MGRM	RUSSEL, DAVID MD	4302 ALTON ROAD SUITE 420	MIAMI BEACH FL (DELETE)
			000002892300-1 -06/02/99-01036-016 ****188.75 ****188.75
			AL APR 27 1999
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: 		4/26/99 954-6163-0888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	