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 DIVISION OF CORPORATIONS 1999 engrain #1 9:52 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 of Limited Liability Company **DOCUMENT # 198000001470** MEGA MAX MEDICAL, L.C. 99 PERRY AVENUE 1a. Principal Place of Business Address 99 PERRY AVENUE PENSACOLA FL 32503 PENSACOLA FL 32503 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/17/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3530628 Not Applicable 6. Certificate of Status Desired Zıp Country Country Źip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BEAR, RICHARD G 99 PERRY AVENUE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 Suite, Apt. #, etc. Zip Code City 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent As cepting Appointment). (NOT): Registered Agent signature registed which is determined. 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BEAR, RICHARD G 99 PERRY AVENUE PENSACOLA FL 000002802700---1 -03/11/99--01080--006 \*\*\*\*188.75 \*\*\*\*188.75 11. 1do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther 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 bustee empowered to execute this 190rd as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.