
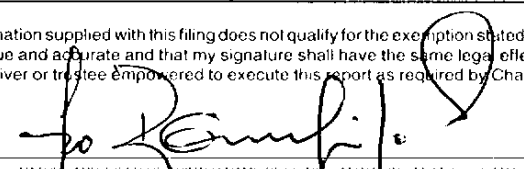


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 99 MAR 22 AM 8:00 STATE OF FLORIDA TALLAHASSEE									
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>											
<b>1 Name and Mailing Address of Limited Liability Company</b>  BELLE GLADE FAMILY MEDICAL CLINIC L.C. 17676 64TH PLACE N LOXAHATCHEE FL 33470		<b>DOCUMENT # L98000001807</b>  <b>1a. Principal Place of Business Address</b>  17676 64TH PLACE N LOXAHATCHEE FL 33470											
<b>2 Principal Place of Business</b> 371 South Main St.  Suite, Apt. #, etc.  City & State Belle Glade FL  Zip 33430 Country USA		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>3. Date Organized or Qualified</b> 09/11/1998  <b>3a. State of Formation</b> FL  <b>4. FEI Number</b> 65-0831615  <b>5. Date of Last Report</b>  <b>6. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
<b>7. Name and Address of Current Registered Agent</b>  SPRINKLE, PHILIP M II 777 SOUTH FLAGLER DR., SUITE 900 PHILLIPS POINT, EAST TOWER WEST PALM BEACH FL 33401			<b>8. Name and Address of New Registered Agent/Office</b>  Name 188.75 Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code										
<p>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.</p>													
SIGNATURE _____			DATE _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>RENGIFO, FRANCISCO</td> <td>17676 64TH PLACE N</td> <td>LOXAHATCHEE FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	RENGIFO, FRANCISCO	17676 64TH PLACE N	LOXAHATCHEE FL
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100002828201-1 -01/02/99-01082-012 ****188.75 ****188.75  dec													
<p>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.</p>													
<b>SIGNATURE:</b>  3/2/99. 15611992-9111													