
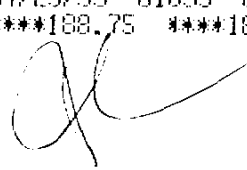
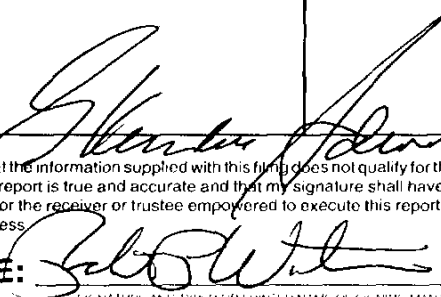


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 # L98000001876 FLORIDA ANEURYSM AND ENDOVASCULAR INSTITUTE E, L.C. 400 SOUTH MAITLAND AVENUE MAITLAND FL 32751		1a. Principal Place of Business Address 400 SOUTH MAITLAND AVENUE MAITLAND FL 32751	
2. Principal Place of Business 400 S. MAITLAND AVE Suite, Apt. #, etc.	2a. Mailing Address MAITLAND 400 S. MAITLAND AVE Suite, Apt. #, etc.	3. Date Organized or Qualified 09/17/1998	3a. State of Formation FL
City & State MAITLAND	City & State MAITLAND FL	4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report
Zip 32751	Country USA	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent MCCLANE, J. BROCK 1221 WEST COLONIAL DRIVE, SUITE 200 ORLANDO FL 32804		8. Name and Address of New Registered Agent/Office Name Same 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 _____ <small>(Registered Agent Accepting Appointment) (RMA) (Registered Agent Signature Required when reappointing)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ADCOCK, G. KENDRICK M	700 WESTWIND COURT	MAITLAND FL
MGR	WINTER, ROBERT P M.D.	131 STONEHILL DRIVE	MAITLAND FL
			1000002856881 -- 8 04/29/99 - 01093--021 ***188.75 ***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: 		4/2/99	