


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 Kathedne Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 18 AM 10:37	
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 # L98000002015 SOUTH FLORIDA EAR CARE CENTER, L.C. 50 EAST SAMPLE ROAD SUITE 300 POMPANO BEACH FL 33064		1a. Principal Place of Business Address 50 EAST SAMPLE POAR POMPANO BEACH FL 33064			
2. Principal Place of Business 50 East Sample Rd. Suite, Apt. #, etc. Suite 300 City & State Pompano Beach Fl. Zip 33064 Country Broward		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/28/1998 3a. State of Formation FL 4. FEI Number EIN650862883 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$875 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent PINCUS, A.L. 20379 W. COUNTRY CLUB DR. #2336 AVENTURA FL 33180			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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) (If Not, Registered Agent signature required when effecting change)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SCHRIEBER, ALAN	12500 N.E. 15TH AVENUE		NORTH MIAMI FL	
MGR	ROBINSON, JAMES	5920 EPSON LANE		DAVIE FL	
MGR	KELLY, JAMES	4880 SW 64TH WAY		DAVIE 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: <i>James Robinson</i> JAMES ROBINSON 3/3/99 305-919-8944 <small>SIGNATURE AND TYPE OF OFFICIAL NAME OF SUPPLY COMPANY REQUIRED FOR REMITTANCE</small>					