LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						99 MAR 15 AM 10: 45			
\$ 188.75 [Make Check Payable To: FLORIDA DEPARTMENT 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9800006					22 ARA LIAT			TIVE STATE SEE, FLORIDA	
L. C/ 20	T.C. OF OSCEOL O LARRY PERICH 020 SEVEN SPRIN W PORT RICHEY).	30000	02360	C/O LARRY PERICH, M.D. 2020 SEVEN SPRINGS BLVD. NEW PORT RICHEY FL 34655				
2 Principal Place of Business 2			2a. Mailing Address			3. Date Organiza	ed or Qualified	3a. State	e of Formation
Suite, Apt. #. e	etc.		Suite, Apt #, etc			10/21/1998 FL 4. FEI Number			Applied For
City & State		City & S	City & State			59 3538169 5. Date of Last Report		T & 63.37.	Not Applicable
Zip	Country	Žip		Countr	y	5. Date of Last r	report	·	itional Fee Required
1245 C CLEARW	on, ALAN S COURT STREET, SI ATER FL 33756 The provisions of Sections 608.4 The corregistered agent, or both, in agent, and accept the originations	6 and 608 508 the State of Fic	3, Florida Stalu irida Such chai	nge was au	Streel Address (202(Suite, Apt. #, etc.) City NEW POF	RT RICHEY I liability company si	FL.	Zip Code 34 6	55 e purpose of changing
10. Title	e Managing Members/Managers			Business Street Address			City, State and Zip Code		
MGR PERICH, LARRY			2020 SEVEN SPRINGS				BLVD. NEW PORT RICHEY FL 1 (1) (1) (1) (2) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		
								19-96	•
indicated on thi	certify that the information supplied s annual report is true and accurat company or the receiver or trustee n an address.	e and that my s	signature shaffi	have the s	ame legal effect as	s if made under oath,	that I am a mar	laging men	iber or manager of the
	TURE:	11.181.00	enia h						