


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 20 AM 11:32	
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 <b>DOCUMENT # L98000002748</b>  NORTH FLORIDA RESPIRATORY SERVICES, LLC 320 REHWINKLE ROAD POST OFFICE BOX 1635 CRAWFORDVILLE FL 32326 <i>99-AR CM</i>		1a. Principal Place of Business Address  320 REHWINKLE ROAD POST OFFICE BOX 1635 CRAWFORDVILLE FL 32326			
2. Principal Place of Business <i>320 Rehwinkle Rd.</i> Suite, Apt. #, etc.		2a. Mailing Address <i>P.O. Box 1635</i> Suite, Apt. #, etc.		3. Date Organized or Qualified 11/18/1998	
City & State <i>Crawfordville FL</i>		City & State <i>Crawfordville FL</i>		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32327</i>		Zip <i>32326</i>		4. FEI Number <i>59-3548210</i>	
Country <i>Wakulla</i>		Country <i>Wakulla</i>		5. Date of Last Report  6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  GEEKER, VAN P 215 SOUTH MONROE STREET, SUITE 705 TALLAHASSEE FL 32301				8. Name and Address of New Registered Agent/Office  Name 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 <i>Vickie D. Brown</i> DATE <i>4-16-99</i>					
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM BROWN, VICKIE		320 REHWINKLE ROAD		CRAWFORDVILLE 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>Vickie Brown</i> <i>4-16-99</i>					