


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY -3 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 CUSTOM MEDICAL CONSULTING GROUP, L.L.C. 3350 CHARLES MACDONALD DR. SARASOTA FL 34240 <div style="text-align: right; font-style: italic;">99-AR/LUS CM</div>		DOCUMENT # L98000003183 1a. Principal Place of Business Address 3350 CHARLES MACDONALD DR. SARASOTA FL 34240			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/15/1998 3a. State of Formation FL 4. FEI Number Applied For <div style="float: right;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
				5. Date of Last Report 6. Certificate of Status Desired <div style="text-align: right;"> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required </div>	
7. Name and Address of Current Registered Agent LEE, H. GREGG 2014 FOURTH STREET SARASOTA FL 34237			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code <div style="text-align: right; font-weight: bold;">FL</div>		
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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when consolidating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ROBERTON, DONALD K	3350 CHARLES MACDONALD DR.		SARASOTA FL	
MGRM	ROBERTON, GUADALUPE C	3350 CHARLES MACDONALD DR.		SARASOTA FL	
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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: <u>Guadalupe C. Robertson</u> <u>Guadalupe C. Robertson</u> <u>4/30/99</u> <u>941-342-6134</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					