
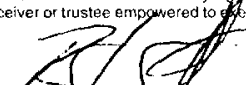


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); position: relative; top: -20px;">L98000003510</div>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED CLERK OF STATE RECORDS & CORPORATIONS </div>	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		99 MAR 15 PM 2: 08			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000003510 PRIMUS PHYSICIANS SERVICES, L.C. 18350 N.W. 2ND AVENUE, SUITE 400 MIAMI FL 33169		1a. Principal Place of Business Address 18350 N.W. 2ND AVENUE, SUITE MIAMI FL 33169			
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 12/31/1998 3a. State of Formation FL 4. FEI Number 65-0884866 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T 2665 SOUTH BAYSHORE DRIVE SUITE 200, GRAND BAY PLAZA MIAMI FL 33133			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> 000002814700-0 03/23/99-01017-003 ***188.75 ***188.75 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 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature must be written in ink)</small>			DATE		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	GARCIA, RUBEN	18350 NW 2ND AVNEUE, SUITE	MIAMI FL		
MGR	AUDETTE, JOHN	18350 NW 2ND AVNEUE, SUITE	MIAMI FL		
		<div style="font-size: 2em;">BK</div> <div style="font-size: 1.5em;">3/15/99</div>			
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: 		Ruben Garcia 2/22/99 305 651-5353			