

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 DIVISION OF CORPORATIONS L9800003510	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
DOCUMENT # L9800003510			
PRIMUS PHYSICIANS SERVICES, L.C. 18350 N.W. 2ND AVENUE, SUITE 400 MIAMI FL 33169			
2. Principal Place of Business		3a. Principal Place of Business Address	
Suite, Apt. #, etc.		18350 N.W. 2ND AVENUE, SUITE MIAMI FL 33169	
City & State		4. FEI Number	
Zip	Country	Zip	Country
5. Date of Last Report		6. Certificate of Status Desired	
65-D884866		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
O'NAGHTEN, JUAN T 2665 SOUTH BAYSHORE DRIVE SUITE 200, GRAND BAY PLAZA MIAMI FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002834731 City 03/23/99-01017-003 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		DATE	
<small>(Registered Agent Accepting Appointment) (Not Registered Agent) (Signature of Managing Member or Manager)</small>			
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
<i>bk</i> <i>3/15/99</i>			
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>Rubén Garcia</i> <i>2/2/99 305 W 1-5353</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			