
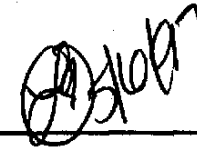


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 PM 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ADVOCARE OF BRADENTON, L.L.C., L.C. 150 FAYETTEVILLE STREET MALL, SUITE 1700 RALEIGH NC 27601		DOCUMENT # M94000000100 1a. Principal Place of Business Address 150 FAYETTEVILLE STREET MALL, RALEIGH NC 27601			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address <i>150 Fayetteville St. Raleigh, NC</i> Suite, Apt. #, etc. <i>Suite 1700</i> City & State <i>Raleigh, NC</i> Zip <i>27601</i> Country		3. Date Organized or Qualified 09/20/1994 3a. State of Formation NC 4. FEI Number <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div> 5. Date of Last Report 03/08/1996 6. Certificate of Status Desired <div style="border: 1px solid black; padding: 2px;">S-75 Additional Fee Required <input type="checkbox"/></div>	
7. Name and Address of Current Registered Agent MOSCA, ANTHONY R 11537 BLACKMOOR DR. ORLANDO FL 32837			8. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div></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 signature required when reinstating)</small>			500002169645--0 DATE 05/07/97 01075--004 ***203.75 ***203.75		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MOSCA, DANIEL D	150 FAYETTEVILLE STREET MA		RALEIGH NC	
					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		4/29/97 <small>Date</small>		919-851-1116 <small>Daytime Phone #</small>	