


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M94000000100	
ADVOCARE OF BRADENTON, L.L.C., L.C. 150 FAYETTEVILLE ST. MAIL SUITE 1700 RALEIGH NC 27606 <i>See #2 below</i>		1a. Principal Place of Business Address 150 FAYETTEVILLE STREET MAIL RALEIGH NC 27601	
2. Principal Place of Business 4221 Hwy 150 EAST Suite, Apt. #, etc.		2a. Mailing Address P.O. Box 415 Suite, Apt. #, etc.	
City & State BROWN Summit, N.C.		City & State BROWN Summit N.C.	
Zip 27214 Country USA		Zip 27214 Country USA	
3. Date Organized or Qualified 09/20/1994		3a. State of Formation NC	
4. FEI Number 56-1389109 APPLIED FOR		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/01/1997		6. Certificate of Status Desired SIC 75 Additional Fee Required <input type="checkbox"/>	
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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 100002474941 City FL -04/01/98--01039--016 ****188.75 ****188.75 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 _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MOSCA, DANIEL D	4221 Hwy 150 EAST 150 FAYETTEVILLE STREET MA	BROWN Summit, N.C. RALEIGH NC 27214

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: *D. Mosca*, MGR DANIEL D. MOSCA 3/7/98 336-656-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #