

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

APPROVED
AND
FILED

97 AUG 15 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000071**

DOVE HEALTHCARE, LLC. L.C.
320 OSBORNE DRIVE
CHATTANOOGA TN 37421

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

320 OSBORNE DRIVE
CHATTANOOGA TN 37421

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
03/29/1995	TN
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
62-1587147	
5. Date of Last Report	6. Certificate of Status Desired
10/07/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

HOWE, GARY
8160 BAY MEADOWS WAY WEST, SUITE 170
JACKSONVILLE FL 32256

8. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code **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 _____
(If a New Agent is Appointed, the Agent's Signature and Address are Required when Filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PENNINGTON, KEVIN	320 OSBORNE DR.	CHATTANOOGA TN 700002272227--9 -08/20/97--01060--012 ****588.75 ****588.75 A. Alan 8/15/97

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. 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: Kevin Pennington 8/15/97 403-954-1964

Signature and Title of the Officer, Director, Managing Member, or Manager Date Signature Phone #