



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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY -3 PM 12:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOVE HEALTHCARE, LLC. L.C.</b> <b>320 OSBORNE DRIVE</b> <b>CHATTANOOGA TN 37421</b>		<b>DOCUMENT # M95000000071</b>		1a. Principal Place of Business Address <b>320 OSBORNE DRIVE</b> <b>CHATTANOOGA TN 37421</b>	
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 <b>03/29/1995</b> 3a. State of Formation <b>TN</b> 4. FEI Number <b>62-1587147</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report <b>03/03/1998</b> 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>HOWE, GARY</b> <b>8160 BAY MEADOWS WAY WEST, SUITE 170</b> <b>JACKSONVILLE FL 32256</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PENNINGTON, KEVIN	320 OSBORNE DR.		CHATTANOOGA TN	
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:  Kevin Pennington 3/9/99 423-954-1964 <small>SIGNATURE AND TITLE OF OFFICER OR MEMBER OF LIMITED LIABILITY COMPANY REQUIRED FOR REINSTATEMENT</small>					