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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS FILED **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 97 FEB 28 AM II: 29 \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address **DOCUMENT** #_{M95000000306} SHURLIAKY OF STATE of Limited Liability Company WINTERBROOK MANAGED CARE MARKETING SERVICE Ta. Principal Place of Business Nochass 396 ALHAMBRA CIRCLE B96 ALHAMBRA CIRCLE SUITE 250 BUITE 250 CORAL GABELS FL 33134 CORAL GABELS FL 33134 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 0/19/1995 TX. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 75-2505551 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Regaired. 06/28/1996 7. Name and Address of Current Registered Agent 6. Name and Address of New Registered Agent NUNES, DAVID 396 ALHAMBRA CTRCLE Street Address (P.O. Box Number is Not Acceptable) SULTE 250 CORAL CALLES IN 33134 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida 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 . (Flagistered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM WINTERBROOK HOLDINGS, 5 KINGS HIGHWAY CUT OFF TAIRFIELD CT MGR NUNES, DAVID 396 ALHAMBRA CIRCLE, SUITE CORAL GABLES FL 700002103237 -03/04/97<u>--</u>01025-****203.75 11. Ido 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

AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R(12-96) David Nunes, Jr. Manager

attachment with an address.

SIGNATURE: