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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 8 HAR 30 PM 2: 19 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee LORE TAKY ST. 3 191 \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE ILLAHASSEE. FLURIUM 1. Name and Mailing Address DOCUMENT # M95000000306 Monthly Company WINTERBROOK MANAGED CARE MARKETING SERVICE 1a. Principal Place of Business Address 396 ALHAMBRA CIRCLE 396 ALHAMBRA CIRCLE SUITE 250 SUITE 250 CORAL GABELS FL 33134 CORAL GABELS FL 33134 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/19/1995 TX Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75-2505551 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Žip Country S8.75 Additional Fee Required 02/28/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office NUNES, DAVID 396 ALHAMBRA CIRCLE Street Address (P.O. Box Number is Not Acceptable) SUITE 250 CORAL GABLES FL 33134 Sulte, Apt. #, etc. City 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 _ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code 4001 McEwen Suite 200 75 KINGS HIGHWAY CUT OFF Dallas, TX 75244 FAIRFIELD CT WINTERBROOK HOLDINGS, MGRM MGR NUNES, DAVID 396 ALHAMBRA CIRCLE, SUITE CORAL GABLES FL FEB 23 1998 000002478840--8 -84/03/98--01117--001 ****188.75 ****188.75

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:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

March 25, 1998 972-392-6704