


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

**APPROVED  
AND  
FILED**

1997 FEB 17 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #M95000000364</b>
MONITOR MEDICAL LEASING, LLC 4540 COUNTRY CLUB ROAD WINSTON-SAMEL NC 27104	

1a. Principal Place of Business Address
4540 COUNTRY CLUB ROAD WINSTON-SAMEL NC 27104

2. Principal Place of Business	2a. Mailing Address
4540 COUNTRY CLUB ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
WINSTON-SALEM, NC	
Zip	Country
27104	USA

3. Date Organized or Qualified	3a. State of Formation
12/14/1995	NC
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
56-1942752	
5. Date of Last Report	6. Certificate of Status Desired
02/13/1996	\$0.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
DAY, DONALD E 4669 I.B. MCLEOD ORLANDO FL 32811

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 \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HANCOCK, RICHARD D	4540 COUNTRY CLUB ROAD	WINSTON-SALEM NC
MGRM	GROOTERS, WAYNE	4540 COUNTRY CLUB ROAD	WINSTON-SALEM NC
MGRM	FALLS, B. KEITH	4540 COUNTRY CLUB ROAD	WINSTON-SALEM NC

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\*\*\*\*203.75 \*\*\*\*203.75

2-18-97 910-765-6666

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: B. Keith Falls B. KEITH FALLS 2-18-97 910-765-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #