Subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT 15 PM 3:51

FILING FEE $ 188.75 | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee** | **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company — **DOCUMENT # M95-364**

Monitor Medical Leasing, LLC
4960 Indiana Ave.
Winston-Salem, NC 27106

1a. Principal Place of Business Address

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: 10/17/95

3a. State of Formation: NC

4. FEI Number: 56-1942752 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 1997

6. Certificate of Status Desired $8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pines Island Rd.
Suite, Apt. #, etc.
City: Plantation FL Zip Code: 33324

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: Connie Bryan Connie Bryan Special Asst. Secretary DATE: 10-19-98
(Registered Agent Accepting Appointment) (NOTE: Registered agent signature required when completing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	Michael J. Malloy	3135 Avalon Ridge Place, Ste 200	Norcross, GA 30071
MGR	Robert M. Stonikas	3135 Avalon Ridge Place, Ste 200	Norcross, GA 30071
MGR	R. Lee Robinson	3135 Avalon Ridge Place, Ste 200	Norcross, GA 30071

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****558.75 ****558.75

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-10/20/98--01080--003
*****38.75 *****38.75

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: [signature] 10/16/98 (770) 798-9670

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

R. Lee Robinson, MGR. 10-16-98

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