


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 22 PM 12:16 <i>ht 4/23</i>	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000523 MOBILE DOCTORS MANAGEMENT, L.L.C. 19370 COLLINS AVE. SUITE 1616 MIAMI BEACH FL 33160		1a. Principal Place of Business Address 19370 COLLINS AVE. SUITE 1616 MIAMI BEACH FL 33160			
2. Principal Place of Business <i>6515 Arthur St.</i> Suite, Apt. #, etc.		2a. Mailing Address <i>6515 Arthur St.</i> Suite, Apt. #, etc.		3. Date Organized or Qualified 12/18/1996	
City & State <i>Hollywood, FL</i>		City & State <i>Hollywood, FL</i>		3a. State of Formation MI	
Zip <i>33021</i>		Zip <i>33021</i>		4. FEI Number 36-4060015 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country <i>U.S.A.</i>		Country <i>U.S.A.</i>		5. Date of Last Report 05/05/1997	
7. Name and Address of Current Registered Agent AJIRI, SAMUEL I PH.D. 510 NORTH OCEAN BLVD., SUITE 202 POMPANO BEACH FL 33062		8. Name and Address of New Registered Agent/Office Name <i>Peter Sera-Leyva</i> Street Address (P.O. Box Number is Not Acceptable) <i>6515 Arthur St.</i> Suite, Apt. #, etc. City <i>Hollywood</i> FL Zip Code <i>33021</i>			
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 <i>Peter Sera-Leyva</i> DATE <i>2-26-98</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MBR	AJIRI, SAMUEL I	15800 W. MCNICHOLS RD.		DETROIT MI	
MBR	AJIRI, DIKE	15800 W. MCNICHOLS RD.		DETROIT MI	
MBR	SERA-LEYVA, PETER	19370 COLLINS AVE., STE. 1 <i>6515 Arthur St.</i> <i>Hollywood, FL 33021</i>		MIAMI BEACH FL	
				200002502822-- 4 -04/28/98--01061--013 ****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:

SIGNATURE AND TYPE (I) OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #