


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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JUN 10 PM 1:46

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M97000000431</b>  COBAS AMERICAS LIMITED COMPANY 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021
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1a. Principal Place of Business Address  5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021
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2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
07/18/1997	OH
4. FEI Number	<input type="checkbox"/> Applied For
65-0769077	<input type="checkbox"/> Not Applicable
<del>APPLIED FOR</del>	
5. Date of Last Report	6. Certificate of Status Desired
	SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>
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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 *[Signature]* DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State
MGR	KELLER, ROBERT H M.D.	5821 HOLLYWOOD BOULEVARD	FL
MGR	KIRCHENBAUM, DAVID W	5821 HOLLYWOOD BOULEVARD	HOLLYWOOD FL
<del>MGR</del>	<del>DEWINDT, ALEX V M.D.</del>	<del>5821 HOLLYWOOD BOULEVARD</del>	<del>HOLLYWOOD FL</del>

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\*\*\*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]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER