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 1998 DIVISION OF CORPORATIONS 98 JUNIO PM I: LE FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT** # M97000000431 1a. Principal Place of Business Address COBAS AMERICAS LIMITED COMPANY 5821 HOLLYWOOD BOULEVARD 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/18/1997 Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-076907 City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country ZiD Country Zip SB 75 Add-tional Fee Hequired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. 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 to SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State # MGR 5821 HOLLYWOOD BOULEVARD KELLER, ROBERT H M.D. ii. MGR KIRCHENBAUM, DAVID W 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL MGR. DEWINDT, ALEX V M.D. 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL **800**00255**7648--- 1** -06/12/98--01006--001 ****188.75 ****188.75

SIGNATURE:

attachment with an address.

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

11. Ido 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

Date

Daytime I frome #