File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** CO APR 20 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # M98000000093** 1a. Principal Place of Business Address BROOKWOOD MIAMI SERVICE CENTER CO., L.L.C 55 TOZER ROAD 55 TOZER ROAD BEVERLY MA 01915 BEVERLY, MA 01915 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2/2/98 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 04-3405242 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 58 75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. City 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 the obligations. SIGNATURE. (Registered Agent Accepting Appointment) (NOTE Registered Agent signalure required when reinstalling) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGRM TRKLA, THOMAS N 55 TOZER ROAD BEVERLY MA 55 TOZER ROAD BEVERLY MA MGRM BROWN, THOMAS W 1350 AVE. OF THE AMERICAS, NEW YORK NY MGRM MAEL, JOEL A 60002865846---( -05/06/99--01097--018 \*\*\*\*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 it 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:

INHSE10 R (12-98)