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 12 [] [3] Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 99 HAY 18 PH 3: 42 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECINALI TALLAHUSSEF, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company

DOCUMENT # M9800000905 1a. Principal Place of Business Address HEIGHTS HEALTHCARE COMPANY, L.L.C. 210 SOUTH PARSONS DRIVE, SUITE 12 210 SOUTH PARSONS DRIVE, SUI BRANDON FL 33511 BRANDON FL 33511 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/17/1998 Suite Apt. #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3437967 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name VAUGHAN, DAVID R 210 SOUTH PARSONS DRIVE, SUITE 12 Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 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 the obligations SIGNATURE . (Hogistered Agent Accepting Appendicent) - (HOTE Registered Agent signature respired when resistance) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR VAUGHAN, DAVID R 210 SOUTH PARSONS DRIVE, S BRANDON FL 2000002887362-0 -05/26/99-01078-008 ****188.75 ****188.75 102 IAPR 2 5 1999 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 it made under oath, that I am a managing member or manager of the limited liability company or the receiver detrustee empowered to execute this peport as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: A

NHSE10 R (12-98)