


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 89 MAR 18 AM 11:30 SECRETARY OF STATE ALLIANCE WITH FLORIDA
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 # M98000001326 ALLIED THERAPY SERVICES, L.L.C. 2501 NORTH PETERSON STREET VALDOSTA GA 31602		1a. Principal Place of Business Address 2501 NORTH PETERSON STREET VALDOSTA GA 31602	
2. Principal Place of Business 463 Johnson way Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 537 Suite, Apt. #, etc.	3. Date Organized or Qualified 11/12/1998	3a. State of Formation GA
City & State Lake Park GA	City & State Lake Park, GA	4. FEI Number 43-1791879	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 31636	Country USA	Zip 31636	Country USA
7. Name and Address of Current Registered Agent SANDERS, KIMBERLY 201 EAST MARION STREET MADISON FL 32340		8. Name and Address of New Registered Agent/Office Name 188.75 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 <u>Kimberly M. Sanders</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when appointing agent)</small>		DATE <u>3-3-99</u>	
10. Title Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	BOWLING, JOHN	2501 NORTH PETERSON STREET	VALDOSTA GA
MGR	MCGAHEE, JAMES	2501 NORTH PETERSON STREET	VALDOSTA GA
MGR	HEMBREE, GREG	2501 NORTH PETERSON STREET	VALDOSTA GA
MGR	HOWARD, ALFRED J	7733 FORSYTH BLVD., SUITE	CLAYTON MO
MGR	SCHULTE, MARY BETH	7733 FORSYTH BLVD., SUITE	CLAYTON MO
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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: <u>M. Beth Schulte, Secretary</u>		Member/Manager <u>2/23/99</u> 314 - 863 7428	