

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 MAY -5 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L94000000509

PEDINET, L.C.
P.O. BOX 292520
DAVIE FL 33329

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

8676 GRIFFIN ROAD
FORT LAUDERDALE FL 33328

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	8676 Griffin Road	09/30/1994	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
	33328	07/17/1996	See 7. Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

SAMUELS, EUGENE
8676 GRIFFIN RD.
COOPER CITY FL 33328
600002176546--0
-05/13/97--01063--016
****203.75 ****203.75

8. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code _____
FL

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	HERTZ, BRADLEY	8616 GRIFFIN ROAD	COOPER CITY FL
M	HOLZMAN, BERNARD M.D.	4300 ALTON ROAD, 1ST FLOOR	MIAMI BEACH FL
M	CASTRO, ADRIANA M.D.	7000 S.W. 97 AVENUE, #201	MIAMI FL
M	PREGEN, SAMSON M.D.	7480 FAIRWAY DRIVE, #202	MIAMI LAKES FL
M	LITVAK, BARIS M.D.	201 N. UNIVERSITY DRIVE	PLANTATION FL
M	MARQUIT, HOMER M.D.	601 N. FLAMINGO DR., #105	PEMBROKE PINES FL

G. Alamy 5/15/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #