


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 DIVISION OF CORPORATIONS		L95000000602		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 15 PM 2: 59	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9500000602 BAYSHORE PHYSICIANS OF FLORIDA, I.C. PO BOX 130 NEW PORT RICHEY FL 34656				1a. Principal Place of Business Address BUILDING 2, SUITE 104 5411 GRAND BOULEVARD NEW PORT RICHEY FL 34656			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 08/04/1995		3a. State of Formation FL	
				4. FEI Number 59-3327832		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 05/01/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent RUIZ, ALFONZO BUILDING 2, SUITE 104 5411 GRAND BOULEVARD NEW PORT RICHEY FL 34652				8. Name and Address of New Registered Agent/Office 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/Accounting Agent/owner of, or 50% FEI Registered Agent/signature required when not included)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	RUIZ, ESTEVAN A M.D., P	5341 GRAND BLVD., BLDG. 2		NEW PORT RICHEY FL 500920			
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: <i>Alfonzo Ruiz M.D.</i>				3/11/99 727-846-0666			