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

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 # L98000000531

SUMERU HEALTH CARE GROUP, L.C.
13911 LAKESHORE BLVD., SUITE B
HUDSON FL 34667

1a. Principal Place of Business Address

13911 LAKESHORE BLVD., SUITE
HUDSON FL 34667

2 Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
04/20/1998	FL

4. FEI Number 59-3510679 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
KUTTY, MAHAN M.D. 13911 LAKESHORE BLVD.,SUITE B HUDSON FL 34667	Name 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when box checked)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	THE CENTER FOR INTERNA	13911 LAKESHORE BLVD.,SUIT	HUDSON FL
MEM	SCUNZIANNO & ASSOCIA,	3502 MARINER BLVD	SPRNG HILL FL
MEM	PROFESSIONAL CENTER ,	13944 LAKESHORE BLVD, SUIT	HUDSON FL
MEM	THE CENTER FOR INTER,	208 SOUTH APOPKA AVENUE	INVERNESS FL
MEM	THE CENTER FOR INTER,	5517 21ST AVE WEST, SUITE	BRADENTON FL
MEM	THE CENTER FOR INTER,	407 7TH STREET	PALMETTO FL

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****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 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: _____ 2/19/99
(SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR SUCH MANAGING MEMBER OR MANAGER) (DATE) (DAYTIME PHONE #)

INHSE10 R (12-98)