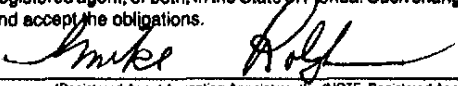


FILE NOW: Fee after May 1, will be \$588.75

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 #L94000000357			
HEALTHPARK SURGERY CENTER, L.C. 1283 JACARANDA BLVD. VENICE FL 34292		1a. Principal Place of Business Address 1201 JACARANDA BLVD VENICE FL 34292			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/27/1994	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				55-0507342	
				5. Date of Last Report	
				03/21/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
Mike Rolph 540 The Rialto VENICE HOSPITAL VENICE FL 34285		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
		0000002099720-- -02/27/97--01047--008 ****203.75 ****203.75 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 2/18/97			
(Registered Agent Accepting Appointment)		(NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BON SECOURS VENICE H,	540 THE RIALTO		VENICE FL	
MGRM	Ross, Norman	530 S. Nokomis		VENICE FL	
MEM	Smith, Bryan	436 S. Nokomis		VENICE FL	
MGRM	CONROY, RICHARD A	459 S. SHORE DR.		OSPREY FL	
MGRM	D'AMICO, JOSEPH	714 LAGUNA DR.		VENICE FL	
MGRM	Grossbard, Howard	241 Nokomis Ave.		VENICE FL	
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: 		2-18-97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	