


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> I.95000000602
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BAYSHORE PHYSICIANS OF FLORIDA, L.C.  
BUILDING 2, SUITE ~~402~~ 104  
5411 GRAND BOULEVARD  
NEW PORT RICHEY FL 34652

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
Suite, Apt. #, etc. <u>5411 Grand Blvd; STE # 104</u>	<u>P.O. Box 130</u>
City & State	City & State
	<u>New Port Richey FL.</u>
Zip	Zip
	<u>34656</u>
Country	Country

1a. Principal Place of Business Address

BUILDING 2, SUITE ~~402~~ 104  
5411 GRAND BOULEVARD  
NEW PORT RICHEY FL 34652

3. Date Organized or Qualified

08/04/1995

3a. State of Formation

FL

4. FEI Number

59-3327832

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/04/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

RUIZ, ALFONZO  
BUILDING 2, SUITE ~~402~~ 104  
5411 GRAND BOULEVARD  
NEW PORT RICHEY FL 34652

8. Name and Address of New Registered Agent

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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
<del>MGRM</del>	<del>RUIZ, ESTEVAN A M.D., P</del>	<del>5341 GRAND BLVD., BLDG. 2,</del>	<del>NEW PORT RICHEY FL</del>
<del>MGRM</del>	<del>DAVE, RAJESH B M.D., PA</del>	<del>5630 EMBASSY BLVD., SUITE</del>	<del>PORT RICHEY FL</del>
<del>MGRM</del>	<del>THE CENTER FOR INTERNA</del>	<del>13911 LAKESHORE BLVD., SUI</del>	<del>HUDSON FL</del>

→ These are no longer involved with this corporation.

Dr. Ruiz is the only Physician in this corporation.

8000002130668-15  
-04/01/97-01107-019  
\*\*\*\*203.75 \*\*\*\*203.75

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: E. Alfonso Ruiz M.D. / Pres. 3/27/97 813-849-8322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #