800000103 2000/UNIFORM BUSINESS **DOCUMENT #** A98000001103 1. Entity Name PHYSICIAN'S CHOICE MANAGEMENT, LTD FILED Principal Place of Business Mailing Address MAY 30 PM 12: 54 1435 Division Avenue 7003 Chadwick Drive Ocoee, FL 34762 Suite 321 - SEGRETARY OF STATE Brentwood, TN 37027 TALLAHASSEE FLORIDA 2. Principal Place of Business 3. Mailing Address 1435 Division Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Ocoee, FL 34762 62-1750988 Not Applicable Zip Country Country \$8.75 Additional 5. _Certificate of Status Desired Fee Required 34762 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hunter, Patrick Street Address (P.O. Box Number is Not Acceptable) 100 West Gore Street Suite 405 Orlando, FL 32806 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10. Amount of Capital Contributions, 9. Capital Contributions 11: MAKE CHECK PAYABLE TO DEPT. OF STATE \$500,000.00 as Shown on record. in:FLORIDA to date, SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # P97000029212 70000437553 STREET ADDRESS NAME Physician's Choice Surgery Center, STREET ADDRESS 1435 Division Avenue ***1061.25 CITY-ST-ZIP CITY-ST-ZIP Ocoee, FL 34762 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS THIS IS THE UNIFORM BUSINESS STREET ADDRESS CITY-ST-ZIP REPORT FOR THE YEARS CITY-ST-ZIP DOCUMENT # STREET ADDRESS 2000 2001 and STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Patrick T. Hunter II,

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

Law Offices HOLLAND & INGHISLEP OOD O CALLAR BOSTON Bradenton Providence

200 South Orange Avenue, Suite 2600 P.O. Box 1526 (ZIP 32802-1526) Orlando, Florida 32801

407-425-8500 FAX 407-244-5288 www.hklaw.com

May 29, 2001

Registration Section Division of Corporations Florida Department of State 409 East Gaines Street Tallahassee, FL 32399

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STEPHEN R. LOONEY BOARD CERTIFIED TAX LAWYER

West Palm Beach

Direct Dial: 407-244-1148 30th Floor Fax: 407-244-5170 E-Mail: slooney @hklaw.com

Dear Sir or Madam:

Re:

Enclosed is the year 2000 Uniform Business Report ("UBR") for Physician's Choice Management, Ltd., together with a check in the amount of \$1,061.25 in payment of the renewal fee for the year 2000, the renewal fee for 2001, and the fee for a certificate of status.

Year 2000 Uniform Business Report for Physician's Choice Manager

Our client, Physician's Choice Management, Ltd., has no record of having received the year 2000 UBR, and the partnership was unaware that it had been involuntarily revoked for failure to file its annual report. It was only upon a check of the Department of State's records by my secretary (via computer), that it was noted that the partnership had been involuntarily revoked.

We respectfully request and will appreciate your waiving the penalty and reinstatement fee in connection with this matter, and that you accept the enclosed 2000 Uniform Business Report for Physician's Choice Management, Ltd. and the accompanying check in the amount of \$1,061.25.

If you have any questions regarding this matter, please contact me at your earliest convenience. Thanks again for your assistance.

Sincerely,

Stephen R. Looney

SRL/lls Enclosures

cc: Jorge Florin, M.D., Partner

Patrick T. Hunter II, M.D., Partner

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