


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

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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APPROVED
AND
FILED

97 MAR 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| FILING FEE \$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1. Name and Mailing Address of Limited Liability Company WEST BROWARD SURGICAL, MANAGED CARE ASSOCIATES, L.C. 201 N.W. 82ND AVE. SUITE 201 PLANTATION FL 33324 | DOCUMENT #L94000000047 |
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| 1a. Principal Place of Business Address 201 N.W. 82ND AVE. SUITE 201 PLANTATION FL 33324 |
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

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| 2. Principal Place of Business 4900 W. Oakland Park Blvd. Suite, Apt. #, etc. # 306 City & State Lauderdale Lakes, FL Zip 33313 | 2a. Mailing Address 4900 W. Oakland Park Blvd. Suite, Apt. #, etc. # 306 City & State Lauderdale Lakes, FL Zip 33313 | 3. Date Organized or Qualified 01/28/1994 | 3a. State of Formation FL |
| | | 4. FEI Number 65-0462901 NOT APPLICABLE | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Date of Last Report 05/16/1996 | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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| 7. Name and Address of Current Registered Agent LENIT, OSCAR S JR, MD 201 N.W. 82ND AVE. SUITE 201 PLANTATION FL 33324 | 8. Name and Address of New Registered Agent Name Stuart S. Rosenthal, Esq. Street Address (P.O. Box Number is Not Acceptable) 555 S.W. 12th Avenue, Suite, Apt. #, etc. Suite #101 City Pompano Beach, FL Zip Code 33069 |
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9. Pursuant to the provisions of Sections 606.416 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.

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| SIGNATURE  | DATE 3-27-97 |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | |

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|--|-----------------------------|---------------------------------------|----------------------------|
| MGR | SEGAUL, ARTHUR | 201 N.W. 82 AVE., SUITE 40 | PLANTATION FL |
| MGR | LENIT, OSCAR | 201 NW 82ND AVE., SUITE 20 | PLANTATION FL |
| MGRM | Carrasquilla, M. D., Carlos | 4900 West Oakland Park Blvd. | Lauderdale Lakes, FL 33313 |
| MEM | Tomasello, M. D., Peter | 201 N.W. 82 Avenue, Suite 405 | Plantation, FL 33324 |
| MEM | Herman, M.D., Fred | 201 N.W. 82 Avenue, Suite 103 | Plantation, FL 33324 |
| MEM | English, M.D., Wayne | 4900 West Oakland Park Blvd. | Lauderdale Lakes, FL 33313 |
| 8000002123528--0 -03/25/97--01035--011 ****203.75 ****203.75 A. Alan 3-20-97 | | | |

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.

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| SIGNATURE:  | 312 97 (954) 739-5531 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | |