


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 11 AM 10:56 03/12	
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 <b>HEALTHPARK SURGERY CENTER, L.C. 1283 JACARANDA BLVD. VENICE FL 34292</b>		DOCUMENT # L94000000357		1a. Principal Place of Business Address <b>1201 JACARANDA BLVD VENICE FL 34292</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>07/27/1994</b> 4. FEI Number <b>65-0507342</b> 5. Date of Last Report <b>02/25/1997</b>	
		3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>ROLPH, MIKE 540 THE RIALTO VENICE HOSPITAL VENICE FL 34285</b>			8. Name and Address of New Registered Agent/Office Name <b>Roy Hess</b> Street Address (P.O. Box Number is Not Acceptable) <b>540 The Rialto</b> Suite, Apt. #, etc. <b>Venice Hospital</b> City <b>Venice</b> Zip Code <b>FL 34285</b>		
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 <b>Roy Hess</b> DATE <b>3/6/98</b> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BON SECOURS VENICE H, <b>Ross, Robert Jr.</b>	540 THE RIALTO		VENICE FL	
MGRM	<del>ROSS, NORMAN</del> <b>Julio Calderon</b>	<del>530 S. NOKOMIS</del> <del>530 S. NOKOMIS</del>		VENICE FL	
MEM	<del>SMITH, BRYAN</del>	<del>436 S. NOKOMIS</del> <b>232 Milan Ave</b>		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 AVENUE		VENICE FL	
				300002455959--4 -03/12/98--01113--004 ****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: **Roy Hess**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #