


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 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	
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 07/27/1994		3a. State of Formation FL	
4. FEI Number 65-0507342		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/11/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent HESS, ROY 540 THE RIALTO VENICE HOSPITAL VENICE FL 34285		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
1000002783071 02/26/99 - 01094 - 003 ****188.75 ****188.75 FL		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 _____	
(Registered Agent Accepting Appointment) (New Registered Agent Signature Required When Being Assigned)			
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, ROBERT JR.	530 S. NOKOMIS	VENICE FL
MEM	CALDERON, JULIO	232 MILAN AVE.	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
MGRM	FRASER, KENNETH	420 S TAMiami TR	VENICE FL
MGRM	PAOLILLO, RICHARD	1295 JACARANDA BLVD	VENICE FL
MGRM	ABELLO, DAVID	530 S NOKOMIS	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: <i>Richard Paolillo, MD</i>		<i>2/19/99</i>	