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LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #L94000000437**

SARASOTA MEDICAL CENTRE, L.C.
~~8695 COLLEGE PARKWAY~~
~~SUITE 322~~
~~FORT MYERS FL 33919~~

1a. Principal Place of Business Address
8695 COLLEGE PARKWAY
SUITE 322
FORT MYERS FL 33919

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

2 Mailing Address Three Riverway		2a. Principal Place of Business		3. Date Organized or Qualified 08/29/1994	3a. State of Formation FL
Suite, Apt. #, etc Suite 500		Suite, Apt. #, etc Suite 113		4. FEI Number 76-0448035	
City & State Houston, TX		City & State		☐ Applied For ☐ Not Applicable	
Zip 77056	Country	Zip	Country	5. Date of Last Report N/A	6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent LEFFLER, WALTER R 8695 COLLEGE PARKWAY SUITE 322 FORT MYERS FL 33919		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc Suite 113 City FL Zip Code	
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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 _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MCARTHUR, J.O.	THREE RIVERWAY, SUITE 500	HOUSTON TX 77056
MGR	LEFFLER, WALTER R	8695 COLLEGE PARKWAY, SUITE 113	FORT MYERS FL 33919
MEM	JARAMAR, LTD.	THREE RIVERWAY, SUITE 500	HOUSTON, TX 77056

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****238.75 ****238.75

4/26/95
HST

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 600, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/23/95 (813) 482-2700