


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000474 NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE PHO, L.C. 6440 W NEWBERRY RD SUITE 402 GAINESVILLE FL 32605		1a. Principal Place of Business Address 6440 W NEWBERRY RD SUITE 402 GAINESVILLE FL 32605 MWB	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
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 09/15/1994		3a. State of Formation FL	
4. FEI Number 59-3279882		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/18/1996		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent ZAVELSON, TOM, MD RUSHING, WINSTON- 6440 6500 NEWBERRY RD, Suite 402 GAINESVILLE FL 32605		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6000002122696-8 Suite, Apt. #, etc. -03/24/97-01202-007 ****203.75 ****203.75 City FL Zip Code	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROBINSON, BRIAN GALLATI, TODD-	6440 W NEWBERRY RD	GAINESVILLE FL
MGR	LELLI, KIM	6440 W NEWBERRY RD	GAINESVILLE FL
MGR	EARNEST, WILLIAM	6440 W NEWBERRY RD	GAINESVILLE FL
MGR	ZAVELSON, THOMAS M.D.	6440 W. NEWBERRY RD., #402	GAINESVILLE FL
MGR	ASHLEY, ROBERT M.D.	6800 NW 9TH BLVD.	GAINESVILLE FL
MGR	HARTKE, RALPH M.D.	6604 NW 9TH BLVD.	GAINESVILLE FL
MGR	Lane, Timothy, M.D.	6900 NW 9th Boulevard	Gainesville, FL
MGR	Tyler, Thom, M.D.	6440 W. Newberry Rd., #408	Gainesville, FL
MGR	Marichal, Eduardo, M.D.	6440 W. Newberry Rd., #502	Gainesville, FL
MGR	Benchimol, George, M.D.	2731 NW 41st Street	Gainesville, FL
MGR	Doyle, William, M.D.	6500 W. Newberry Road	Gainesville, 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) (f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		Date _____ Daytime Phone # _____	