

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 #L94000000571
NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE PO, P.L.
PEDIATRIC ASSOCIATION OF GAINESVILLE
6440 W NEWBERRY RD STE 402
GAINESVILLE FL 32605

1a. Principal Place of Business Address
PEDIATRIC ASSOCIATION OF GAINESVILLE
6440 W NEWBERRY RD STE 402
GAINESVILLE FL 32605

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

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0/24/1994	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	8. Certificate of Status Desired
				04/29/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent
ZAVELSON, TOM
6440 W. NEWBERRY ROAD
SUITE 402
GAINESVILLE FL 32605

8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	100002149811--7
Suite, Apt. #, etc.	04721797--01163--002 ***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 _____ DATE _____
(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	ZAVELSON, THOMAS M	6440 W NEWBERRY STE 402	GAINESVILLE FL
MGR	BENKINS, D. ORVIN Lane, Timothy	1201 NW 64TH TERR 6900 NW 9th Boulevard	GAINESVILLE FL
MGR	IMPERI, GREGORY A Ashley, Robert	1131 NW 64TH TERR 6800 NW 9th Boulevard	GAINESVILLE FL
MGR	RIOS, WILLIAM A Tyler, Thom	1130 NW 64TH TERR 6440 W. Newberry Road, #408	GAINESVILLE FL
MGR	SLATON, ROBERT C Marichal, Eduardo	6800 NW 9TH BLVD, STE 1 6440 W. Newberry Road, #502	GAINESVILLE FL
MGR	YOUNG, THOMAS K Benchimol, George	6440 W NEWBERRY STE 500 2731 NW 41st Street	GAINESVILLE FL
MGR	Doyle, William	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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER