


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

**APPROVED
AND
FILED**

1997 MAY -1 AM 10:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L94000000598
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PHYSICIANS OF ATLANTIS, L.C.
~~4915 CONGRESS AVE.~~
~~UNIT B~~
~~LAKE WORTH FL 33461~~

1a. Principal Place of Business Address

~~4915 CONGRESS AVE.~~
~~UNIT B~~
~~LAKE WORTH FL 33461~~

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

2. Principal Place of Business 3719 37th Way		2a. Mailing Address 3719 37th Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33407	Country USA	Zip 33407	Country USA

3. Date Organized or Qualified 10/31/1994	3a. State of Formation FL
4. FEI Number 65-0538746	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/14/1996	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent	
MICHAEL ARMAO, 4915 CONGRESS AVENUE UNIT B LAKE WORTH FL 33461	

8. Name and Address of New Registered Agent	
Name Donald K DeWoody Jr.	
Street Address (P.O. Box Number is Not Acceptable) 1280 Bear Island Drive	
Suite, Apt. #, etc.	
City West Palm Beach	Zip Code FL 33409

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 **4/26/97**
(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	ARMAO, MICHAEL	4915 CONGRESS AVE., UNIT B	LAKE WORTH FL
MEM	MEDICAL OFFICES OF M,	4915 CONGRESS AVE., UNIT B	LAKE WORTH FL
MEM	J.A. MANAGEMENT INC.,	4915 CONGRESS AVE., UNIT B	LAKE WORTH FL

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5/12/97

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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **4/26/97** **651-533-7446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #