
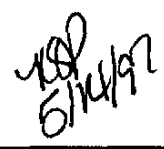


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 1997 MAY -8 PM 12: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # 194000000731 BAYONET POINT/HUDSON MEDICAL CENTER PHO, L .C. BAYONET POINT/HUDSON MEDICAL CENTER 14000 FIVAY ROAD HUDSON FL 34667		1a. Principal Place of Business Address BAYONET POINT/HUDSON MEDICAL 14000 FIVAY ROAD HUDSON FL 34667		
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 12/27/1994 3a. State of Formation FL 4. FEI Number 62-1113740 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 04/02/1996 6. Certificate of Status Desired <input type="checkbox"/> <small>\$8.75 Additional Fee Required</small>
7. Name and Address of Current Registered Agent MILLER, DANIEL BAYONET POINT/HUDSON MEDICAL CENTER 14000 FIVAY ROAD HUDSON FL 34667		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 8000002180488--7 City -05/15/97--01116--010 FL ****203.75 ****203.75		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGR	TAYLOR, WAYNE MD	13906 LAKESHORE BLVD 330		HUDSON FL
MGR	MUSUNURU, RAO MD	14100 FIVAY RD, SUITE 160		NEW PORT RICHEY FL
MGR	KUMAR, K S MD	5802 S.R. 54		NEW PORT RICHEY FL
MGR	RAMOS, IVAN MD	8225 S.R. 52		HUDSON FL
MGR	AYUB, JORGE MD	7651 MEDICAL DRIVE		HUDSON FL
MGR	ERWIN, JACKLIEN MD	12843 US HIGHWAY 19		HUDSON 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		4/22/97 813-861-5171 <small>Date Daytime Phone #</small>		