


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|---|---------------------------|---|---|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 27 PM 1:34 4/28 | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000731 BAYONET POINT/HUDSON MEDICAL CENTER PHO, I .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 | |
| 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 4. FEI Number 62-1113740 5. Date of Last Report 05/08/1997 | |
| | | | | 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> 300002508613-01 -05/04/98-01000-020 ***188.75 ***188.75 FL </div> | | |
| 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 | 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: <u>Wayne Taylor, MD; Chairman 4/28/98</u> <small>SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |