


APPROVED  
AND  
FILED

1997 MAY -8 PM 12: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		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 # L94000000738		1a. Principal Place of Business Address	
BAYONET POINT/HUDSON MEDICAL CENTER PO, L. C. BAYONET POINT/HUDSON MEDICAL CENTER 14000 FIVAY ROAD HUDSON FL 34667				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		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		62-1113740	
Country		Country		5. Date of Last Report	
				03/28/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
PINO, JOSEPH BAYONET POINT/HUDSON MEDICAL CENTER 14000 FIVAY ROAD HUDSON FL 34667		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____		300002180483--3 DATE -05/15/97--01116--009 ****203.75 ****203.75			
(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	MUSUNURU, RAO M.D.	14100 FIVAY RD., SUITE 160		HUDSON FL	
MGR	TAYLOR, W M.D.	13906 LAKESHORE BLVD, SUITE		HUDSON FL	
MGR	KUMAR, K.S. M.D.	5802 S.R. 540AD, SUITE I		NEW PORT RICHEY FL	
MGR	RAMOS, IVAN M.D.	3225 S.R. 52		HUDSON FL	
MGR	ERWIN, JACKLEIN M.D.	12843 U.S. HIGHWAY 19		HUDSON FL	
MGR	KONDA, NIRMALA M.D.	7543 MEDICAL DRIVE		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: _____		4/22/97		813-861-5171	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	

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