


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L94000000738</b> <b>BAYONET POINT/HUDSON MEDICAL CENTER PO, L. C.</b> <b>BAYONET POINT/HUDSON MEDICAL CENTER</b> <b>14000 FIVAY ROAD</b> <b>HUDSON FL 34667</b>		1a. Principal Place of Business Address <b>BAYONET POINT/HUDSON MEDICAL</b> <b>14000 FIVAY ROAD</b> <b>HUDSON FL 34667</b>			
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 <b>12/29/1994</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>62-1113740</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report <b>05/08/1997</b> 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>PINO, JOSEPH</b> <b>BAYONET POINT/HUDSON MEDICAL CENTER</b> <b>14000 FIVAY ROAD</b> <b>HUDSON FL 34667</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>400002508614--7</b> <b>-05/04/98--01006--021</b> <b>****188.75</b> <b>FL</b>			
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) (NOT: Registered Agent signature required when reinstating)</small>					
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, SUIT		HUDSON FL	
MGR	KUMAR, K.S. M.D.	5802 S.R. 54OAD, SUITE I		NEW PORT RICHEY FL	
MGR	RAMOS, IVAN M.D.	8225 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: \_\_\_\_\_

SIGNATURE AND TITLE OF PERSON OR SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Wayne Taylor, MD; Chairman*

*4/21/98*