


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR -5 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L94000000738 BAYONET POINT/HUDSON MEDICAL CENTER PO, 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			
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 12/29/1994 4. FEI Number 62-1113740 5. Date of Last Report 04/27/1998	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent PINO, JOSEPH 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) 200002840392 Suite, Apt. #, etc. 04/15/99 01083-005 ****188.75 ****188.75 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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (Filing Agent Signature and Seal Not Required)</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, SUITE		HUDSON FL	
MGR	KUMAR, K.S. M.D.	5802 S.R. 540AD, SUITE I		NEW PORT RICHEY FL	
MGR	ACEVEDO, PABLO MD	5307 Main St., Suite 104		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	BOOTHBY, CHARLES DO	14000 FIVAY ROAD		HUDSON FL	
MGR	KONDA, NIRMALA M.D.	7543 MEDICAL DRIVE		HUDSON FL	
MGR	KULKARNI, GAJANAN MD	5302 S.R. 54		NEW PORT RICHEY 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: _____ 727-861-5171 3/30/99 <small>SECRETARY OF STATE DIVISION OF CORPORATIONS</small>					