
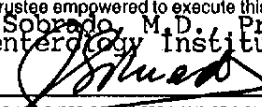


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 G.I.S.F. PROPERTY MANAGEMENT, L. C. 1100-SW-57-Avenue Miami, FL--33144		DOCUMENT # L95000000712		1a. Principal Place of Business Address 1100-SW-57-Avenue Miami, FL--33144	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business c/o 2600 Douglas Road, Suite, Apt. #, etc. Suite 501 City & State Coral Gables, FL Zip 33144 Country USA		2a. Mailing Address c/o 2600 Douglas Road, Suite, Apt. #, etc. Suite 501 City & State Coral Gables, FL Zip 33144 Country USA		3. Date Organized or Qualified 09/18/1995 3a. State of Formation FL	
				4. FEI Number 65-0618855 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report July 1996 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CARUNCHO & MUR, P. A. 2600 Douglas Road, Suite 501 Coral Gables, FL 33134			8. Name and Address of New Registered Agent 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 _____ 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	Gastroenterology Institute of South Florida, P.A.	1100-SW-57-Avenue c/o 2600 Douglas Road Suite 501		-Miami, FL--33144- Coral Gables, FL 33134 400002294744--0 -09/16/97--01081--001 *****588.75 *****588.75 KWM 97/10000	
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. Javier Sobrado, M.D., President of Gastroenterology Institute of South Florida, P.A.					
SIGNATURE: 		(305) 270-0402			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	