



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 JUN -1 PM 3:13	
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 # L95000000799 HERNANDO COUNTY PHYSICIANS ORGANIZATION, INC. % 14100 FIVAY RD., SUITE 360 HUDSON FL 34667				1a. Principal Place of Business Address 11375 CORTEZ BLVD. BROOKSVILLE FL 34613	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address PO BOX 5300 Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 10/23/1995 4. FEI Number 62-1621184 5. Date of Last Report 12/30/1997	
				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 ROEBUCK, BRIAN M.D. CRMC OAK HILL 11375 CORTEZ BLVD. BROOKSVILLE FL 34613				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				500002545075--5 -06/02/98--01092--009 ****188.75 FL	
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 5/5/98	
<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	CARADONNA, RICHARD M.	11367 CORTEZ BOULEVARD		BROOKSVILLE FL	
MGR	BHATIA, ANIL MD	11345 CORTEZ BLVD.		BROOKSVILLE FL	
MGR	DINAVAH, SANKARA MD	11321 CORTEZ BLVD.		BROOKSVILLE FL	
MGR	ROEBUCK, BRIAN MD	11329 CORTEZ BLVD.		BROOKSVILLE FL	
MGR	SHANMUGHAM, SADRAS MD	11373 CORTEZ BLVD., SUITE		BROOKSVILLE FL	
MGR	SHAW, JONATHAN MD	11315 CORTEZ BLVD.		BROOKSVILLE 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #