
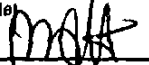

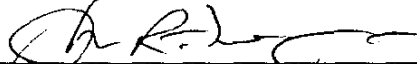


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 3:11			
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 # L95000000800 OAK HILL PHYSICIAN HOSPITAL ASSOCIATION, .C. %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 Country		2a. Mailing Address PO BOX 5300 Suite, Apt. #, etc. City & State SPRING HILL, FLORIDA Zip Country 34611	
3. Date Organized or Qualified 10/23/1995		3a. State of Formation FL	
4. FEI Number 59-3438032		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 12/30/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent FINNEGAN, JAY 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 Zip Code 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  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE 5/1/98	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROEBUCK, BRIAN M.D.	11329 CORTEZ BOULEVARD	BROOKSVILLE FL
MGR	BHATIA, ANIL	11345 CORTEZ BLVD.	BROOKSVILLE FL
MGR	SHANMUGHAM, SADRAS	11373 CORTEZ BLVD., #206	BROOKSVILLE FL
MGR	FINNEGAN, JAY CEO	11375 CORTEZ BLVD.	BROOKSVILLE FL
			600002545216--4 -06/03/98--01007--001 ****188.75 ****188.75
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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)		5/1/98 Date Daytime Phone #	