


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
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FILED

97 FEB -7 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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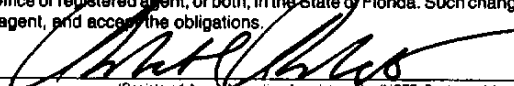
1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000820
AFFILIATED PRINCETON PHYSICIANS, L.C. 1800 MERCY DRIVE ORLANDO FL 32808	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>	

1a. Principal Place of Business Address
1800 MERCY DRIVE ORLANDO FL 32808

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/27/1995	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3345226	
		5. Date of Last Report	6. Certificate of Status Desired
		06/10/1996	<input type="checkbox"/> <small>SR 20.2111 and Fee Required</small>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
ROBERTS, ROBERT S M.D. 1800 MERCY DRIVE ORLANDO FL 32808	Name SAME Street Address (P.O. Box Number is Not Acceptable) 453 N. Kirkman, Suite 201 Suite, Apt. #, etc. City Orlando Zip Code FL 32811

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 JAN. 30, 1997

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROBERTS, ROBERT S M.D.	453 NORTH KIRKMAN, SUITE 201	ORLANDO FL 32811
MGR	FAUP, JACK G M.D.	5265 ALHAMBRA DRIVE	ORLANDO FL 32808
MGR	HAROLD, LOU C M.D.	1405 S. ORANGE AVE	ORLANDO FL 32806
MGR	CARTER, DANIEL	6388 SILVER STAR ROAD	NAPLES FL 33999
MGR	WALKER, WILLIAM	440 LIVINGSTON RD	
		4501 TAMiami TRAIL NORTH,	
		PRINCETON HOSPITAL, 1800 M	ORLANDO FL
			100002085191--0 -02/12/97--01070--017 ****203.75 ****203.75 JB2-7-97

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:  01-30-97 407-292-8992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #