


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 98 APR 22 PM 3:40 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 # L95000000820 AFFILIATED PRINCETON PHYSICIANS, L.C. 1800 MERCY DRIVE 453 N. Kirkman Ste 201 ORLANDO FL 32808 32811		1a. Principal Place of Business Address 1800 MERCY DRIVE ORLANDO FL 32808		
2. Principal Place of Business 453 N. Kirkman Ste 201 Suite, Apt. #, etc. City & State ORLANDO FL Zip 32811 Country USA		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/27/1995 3a. State of Formation FL 4. FEI Number 59-3345226 5. Date of Last Report 02/07/1997 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent ROBERTS, ROBERT S M.D. 453 N. KIRKMAN, SUITE 201 ORLANDO FL 32811		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002504296--5 Suite, Apt. #, etc. -04/29/98--01006--010 ****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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	ROBERTS, ROBERT S M.D.	453 NORTH KIRKMAN, SUITE 2	ORLANDO FL	
MGR	FAUP, JACK G M.D.	5265 ALHAMBRA DRIVE	ORLANDO FL	
MGR	HAROLD, LOU C M.D.	1405 S. ORANGE AVE.	ORLANDO FL	
MGR	CARTER, DANIEL	440 LIVINGSTON RD.	NAPLES 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 TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-17-98