


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000000112
MIDWIFERY SERVICES, L.C. 131 S.W. 15TH STREET OCALA FL 34471	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1a. Principal Place of Business Address
131 S.W. 15TH STREET OCALA FL 34471

3. Date Organized or Qualified	3a. State of Formation
01/25/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0642743	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

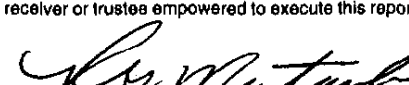
7. Name and Address of Current Registered Agent
MICHAEL, DYER 131 S.W. 15TH STREET OCALA FL 34471

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
100002233101--C
Suite, Apt. #, etc.
07/08/97--01079--003
City
FL
Zip Code
****597.50 ****597.50

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 resigning) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MUNROE REGIONAL HEALTH	131 SOUTHWEST 15TH STREET	OCALA FL
MEM	HALL, DOUGLAS C M.D.	2600 S.E. 17TH STREET, SUI	OCALA FL
MEM	CASEY, JAMES T M.D.	200-A S.E. 17TH STREET	OCALA FL
MEM	RICHARDSON, BOBBY A M.	2508 S.E. 17TH STREET	OCALA FL
MEM	BAKER, LEIGH ANN	1755 PENZANCE PARKWAY	MIDDLEBURG FL
MEM	CHIOTA, BETTY JANE J C	740 N.E. 120TH STREET	OCALA 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: 	6/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Date