



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 APR 30 AM 9:27 SECRETARY OF STATE TALLAHASSEE FLORIDA	
<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>			
1. Name and Mailing Address of Limited Liability Company <b>ADVANCED MEDICAL PROCEDURES L.L.C.</b> 33920 U.S. 19 NORTH, SUITE 250 PALM HARBOR, FL 34684		<b>DOCUMENT #</b> L96000000120			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				1a. Principal Place of Business Address  SAME	
2. Principal Place of Business SAME		2a. Mailing Address SAME		3. Date Organized or Qualified January 26, 1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation Florida	
City & State		City & State		4. FEI Number 59-3360139	
Zip	Country	Zip	Country	5. Date of Last Report N/A	
7. Name and Address of Current Registered Agent  Stan Watson 1806 Mariner Drive, #313 Tarpon Springs, FL 34689				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
Manager/ President	Stan Watson	1806 Mariner Drive, #313		Tarpon Springs, FL 34689	
Member	Perinchery Narayan, M.D.	8515 S.W. 55th Place		Gainesville, FL 32608	
Member	Gary Onik, M.D.	8129 Sand Pointe Blvd.		Orlando, FL 32819	
7000002167487-7 -05/06/97-01072-027 ****203.75 ****203.75					
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: 		4-29-97		813-781-6444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	