


**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		<b>FILED</b>  97 MAY -5 PM 4:01  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>DOCUMENT #</b> L96000000176			
SOUTHEAST ACUTE SERVICES, L.C. <del>2 SOUTH UNIVERSITY DRIVE</del> <del>PLANTATION FL 33324</del>		1a. Principal Place of Business Address <del>2 SOUTH UNIVERSITY DRIVE</del> <del>PLANTATION FL 33324</del>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 7061 Cypress Road Suite, Apt. #, etc. Suite 104 City & State Plantation, FL Zip 33317 Country US		2a. Mailing Address 7061 Cypress Road Suite, Apt. #, etc. Suite 104 City & State Plantation, FL Zip 33317 Country US		3. Date Organized or Qualified 02/14/1996 3a. State of Formation FL 4. FEI Number 63-0660475 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$175 Additional Fee Required	
7. Name and Address of Current Registered Agent <del>KAHN, HOWARD N</del> <del>4000 HOLLYWOOD BLVD.</del> <del>SUITE 485 SOUTH</del> <del>HOLLYWOOD FL 33021</del>			8. Name and Address of New Registered Agent Name VICKI BURRIER Street Address (P.O. Box Number is Not Acceptable) 7061 CYPRESS ROAD Suite, Apt. #, etc. SUITE 104 City PLANTATION Zip Code FL 33317		
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 <u>Vicki Burrier</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE <u>4/30/97</u>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	KRU MEDICAL VENTURES, LLC	7061 CYPRESS ROAD, SUITE 104 <del>2 S. UNIVERSITY DR., SUITE</del>		PLANTATION FL, 33317	
MEM	SPIRA, LAWRENCE M.D. LAWRENCE	<del>2 S. UNIVERSITY DR., SUITE</del> 7061 CYPRESS ROAD, SUITE 104		PLANTATION FL 33317	
100002178911--9 -05/14/97--01114--001 ****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: <u>Vicki Burrier</u> 4/30/97 954-474-7701 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # INHSE10 R(12-96) VICKI BURRIER					