File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State FILED 1999 DIVISION OF CORPORATIONS 00 Lob - 3 Lil 2: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE edolf Myd in Sid in Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000000176 SOUTHEAST ACUTE SERVICES, L.C. 7061 CYPRESS ROAD 7061 CYPRESS ROAD SUITE 104 SUITE 104 PLANTATION FL 33317 PLANTATION FL 33317 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 02/14/1996 FI. Suite Apt #, etc. Suite Apt # etc 4. FEI Number Applied For City & State City & State 65-0660475 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Z_ip Country Zip Country \$8.75 Additional Fee Required 05/06/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BURRIER, VICKI 7061 CYPRESS ROAD Street Address (P.O. Box Number is Not Acceptable) SULTE 104 PLANTATION FL 33317 Suite, Apt. #, etc 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE DATE (Registered Agent A weeking Appendicatel). (NETF, Registered Agents greature respond when restoration). Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MEM KRU MEDICAL VENTURES, 7061 CYPRESS ROAD PLANTATION FL MEM SPIRA, LAWRENCE M.D. 7061 CYPRESS ROAD PLANTATION FL 200002842772--04/16/33--01100--004 ****188.75 ****188.75 T.J.C. APR 1 5 (600) 11. Ido 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

SIGNARDEL AND TYPE FOR PERMIT DINAME OF SIGNED EMPIREMENTAL MERRICAGE MATERIALS.

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attachment with an address.

SIGNATURE: