


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 <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 13 PM 3:21 H 4/14	
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 <b>DOCUMENT # L96000000580</b> PINELLAS HEMATOLOGY/ONCOLOGY PRACTICE ASSOCIATION, L.C. 3850 TAMPA ROAD PALM HARBOR FL 34684		1a. Principal Place of Business Address 3850 TAMPA ROAD PALM HARBOR FL 34684			
2. Principal Place of Business <i>Arrestone Care Center</i> Suite, Apt. #, etc.		2a. Mailing Address <i>3850 Tampa Rd.</i> Suite, Apt. #, etc.		3. Date Organized or Qualified 05/20/1996	
City & State <i>Palm Harbor</i>		City & State <i>FL 34684</i>		3a. State of Formation FL	
Zip <i>34684</i>		Country <i>U.S.</i>		4. FEI Number <i>59-3800196</i> <del>APPLIED FOR</del>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 02/25/1997	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent NORBERGS, ANDA M.D. 3850 TAMPA ROAD PALM HARBOR FL 34684				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <i>200002490722--0</i> City <i>FL</i>	
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 <i>H. Ande Mergo</i> DATE <i>3/18/98</i> (Registered Agent Accepting Appointment) (NOTE: Registered agent signature required when reinstating)					
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM NORBERGS, ANDA M.D.		3850 TAMPA ROAD		PALM HARBOR FL	
MEM <del>PAGNESSA, JEFFREY L. M.</del>		<del>1201 5TH AVENUE NORTH</del>		<del>ST. PETERSBURG FL</del> <i>delete</i>	

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #