
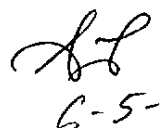
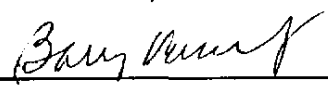


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	FILED 97 JUN -2 AM 8:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company SOUTHEASTERN REPRODUCTIVE ENDOCRINOLOGY AS SOCIATES, L.C. 2919 SWANN AVENUE SUITE 305 TAMPA FL 33609		DOCUMENT #L96000000774 1a. Principal Place of Business Address 2919 SWANN AVENUE SUITE 305 TAMPA FL 33609		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 07/23/1996 4. FEI Number 62-169-1836 5. Date of Last Report
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent KTG& S REGISTERED AG, ENT CORPORATIO 100 S.E. 2ND STREET SUITE 2800 MIAMI FL 33131		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	DEVANE, GARY W M.D.	3435 PINEHURST AVENUE	ORLANDO FL	
MGR	VERKAUF, BARRY S M.D.	2919 SWANN AVENUE, SUITE 3	TAMPA FL	
MGR	MAXSON, WAYNE S M.D.	2825 NORTH STATE ROAD, SUI	MARGATE FL	
		300002203773--0 -06/06/97--01017--001 ****203.75 ****203.75  6-5-97		
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>				
<small>Date Daytime Phone #</small>				