


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 MAR 10 AM 10:55  SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>																															
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # L96000000941</b>  <b>FLORIDA HEART ASSOCIATES, P.L.</b> <b>1390 ROYAL PALM SQUARE BOULEVARD</b> <b>FORT MYERS FL 33907</b>		<b>1a. Principal Place of Business Address</b>  <b>1390 ROYAL PALM SQUARE BOULE</b> <b>FORT MYERS FL 33907</b>																															
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> 09/05/1996  <b>3a. State of Formation</b> FL  <b>4. FEI Number</b> 65-0690931 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
33919      Country		33919      Country		<b>5. Date of Last Report</b> 04/21/1998  <b>6. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																													
<b>7. Name and Address of Current Registered Agent</b>  <b>ROSEN, JEFFREY H M.D.</b> <b>1390 ROYAL PALM SQUARE BOULEVARD</b> <b>FORT MYERS FL 33907</b>  600002811336--7 03/19/99--01009--007 ****188.75      ****188.75			<b>8. Name and Address of New Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City      Zip Code <div style="text-align: center;"><b>FL</b></div>																														
<b>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</b>																																	
SIGNATURE _____				DATE _____																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MEM</td> <td>BUTLER, JAMES D.O.</td> <td>1390 ROYAL PALM SQUARE BOU</td> <td>FORT MYERS FL</td> </tr> <tr> <td>MEM</td> <td>CHARLES, NELSON L M.D.</td> <td>1390 ROYAL PALM SQUARE BOU</td> <td>FORT MYERS FL</td> </tr> <tr> <td>MEM</td> <td>HAGGMAN, DALE L D.O.</td> <td>1390 ROYAL PALM SQUARE BOU</td> <td>FORT MYERS FL</td> </tr> <tr> <td>MEM</td> <td>ZIEGLER, EDWARD CMD</td> <td>1390 ROYAL PALM SQ. BLVD.</td> <td>FT. MYERS FL</td> </tr> <tr> <td>MEM</td> <td>TRITEL, HARVEY M.D.</td> <td>1390 ROYAL PALM SQ. BLVD.</td> <td>FT. MYERS FL</td> </tr> <tr> <td>MEM</td> <td>HON, HENRY H M.D.</td> <td>1390 ROYAL PALM SQ. BLVD.</td> <td>FT. MYERS FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MEM	BUTLER, JAMES D.O.	1390 ROYAL PALM SQUARE BOU	FORT MYERS FL	MEM	CHARLES, NELSON L M.D.	1390 ROYAL PALM SQUARE BOU	FORT MYERS FL	MEM	HAGGMAN, DALE L D.O.	1390 ROYAL PALM SQUARE BOU	FORT MYERS FL	MEM	ZIEGLER, EDWARD CMD	1390 ROYAL PALM SQ. BLVD.	FT. MYERS FL	MEM	TRITEL, HARVEY M.D.	1390 ROYAL PALM SQ. BLVD.	FT. MYERS FL	MEM	HON, HENRY H M.D.	1390 ROYAL PALM SQ. BLVD.	FT. MYERS FL
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<b>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.</b>																																	
<b>SIGNATURE:</b> <u>W. A. Waters</u> 3/4/99 (941) 936-1663																																	