


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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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
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1. Name and Mailing Address of Limited Liability Company EAST PASCO INTEGRATED CARE HEALTH NETWORK, L.C. 6747 GALL BLVD ZEPHYRHILLS FL 33541	DOCUMENT #L96000001237
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1a. Principal Place of Business Address 6747 GALL BLVD ZEPHYRHILLS FL 33541

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 6747 GALL BLVD. Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 1777 Suite, Apt. #, etc.
City & State ZEPHYRHILLS, FLORIDA	City & State Zephyrhills, Florida
Zip 33541 Country USA	Zip 33539 Country USA

3. Date Organized or Qualified 11/19/1996	3a. State of Formation FL
4. FEI Number 59-3371482	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 11/19/96	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent DELGADO, TOMAS 6747 GALL BLVD ZEPHYRHILLS FL 33541
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	DELGADO, TOMAS	6747 GALL BLVD	ZEPHYRHILLS FL
MEM	NANNI, M D	6747 GALL BLVD	ZEPHYRHILLS FL
MEM	NENSEY, YAWER M	6747 GALL BLVD	ZEPHYRHILLS FL
MEM	BLACKSTONE, HARRY G	6747 GALL BLVD	ZEPHYRHILLS FL
MEM	MARCH, PAUL F	6747 GALL BLVD	ZEPHYRHILLS FL

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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:  **Tomas Delgado** **3-15-97** **813-788-6110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #