


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
R. G. ROY HOSPITAL AND SPECIAL MANAGEMENT SERVICES, LLC
2741 N.E. 31ST COURT
ATTN: DR. ROBERT G. ROY
LIGHTHOUSE POINT FL 33064

DOCUMENT # L97000000213

1a. Principal Place of Business Address
2741 N.E. 31ST COURT
ATTN: DR. ROBERT G. ROY
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 02/20/1997	3a. State of Formation FL
4. FEI Number 65-0734484	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 05/13/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
WACHS, JEFFREY S ESQ
1177 SE 3RD AVE
FORT LAUDERDALE FL 33316

8. Name and Address of New Registered Agent/Office

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 _____
(Registered Agent Accepting Appointment) (New Registered Agent Signature) (Member Signature)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	ROY, ROBERT G	2741 N.E. 31ST COURT	LIGHTHOUSE POINT FL
MEM	ROY, KAREN S	2741 N.E. 31ST COURT	LIGHTHOUSE POINT FL

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****188.75 ****188.75

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]* **KAREN ROY** 3/27/99 501 4345900

SIGNATURE AND TITLE OF REGISTERED AGENT OF LIMITED LIABILITY COMPANY OR MANAGER (Date) (Filing Fee #)