


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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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 21 AM 11:05

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 **DOCUMENT # L97000000825**

GULFSIDE MEDICAL DEVELOPMENT
3591 FOWLER STREET
FORT MYERS, FL 33901

3/29/99 90010 016 158.75 dep
1a. Principal Place of Business Address

P.O. BOX 6966
FORT MYERS, FL 33911

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		JULY 28, 1997	
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0786043	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
WILLIAM S. HUSSEY 3591 FOWLER STREET FORT MYERS, FL 33911	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	500002921495--9 -07/01/99--01091--011 *****28005 *****38.75 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) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CARBONE, NICHOLAS CHIEF OPERATING OFFICE/TREAS	15700 CATALPA COVE DRIVE	FORT MYERS, FL
MEM	CRONIN, THOMAS CHAIRMAN	3591 FOWLER STREET	FORT MYERS, FL 33901
MEM	LABODA, GERALD	3591 FOWLER STREET	FORT MYERS, FL 33901
MEM	FOX, ALLAN VICE PRES./SECRETARY	3591 FOWLER STREET	FORT MYERS, FL 33901
MEM	ZELLNER, STEPHEN	3591 FOWLER STREET	FORT MYERS, FL 33901
PRES.	HUSSEY, WILLIAM PRESIDENT	3591 FOWLER STREET	FORT MYERS, FL 33901

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: _____