


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
--	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -1 AM 8:27

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
---------------------------------------	---

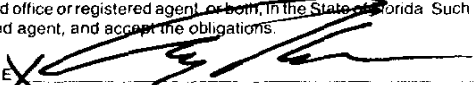
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000014 CYPRESS DELRAY MEDICAL, L.C. 6646 WEST ATLANTIC AVENUE DELRAY BEACH FL 33446

1a. Principal Place of Business Address 6646 WEST ATLANTIC AVENUE DELRAY BEACH FL 33446

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 01/05/1998	3a. State of Formation FL
		4. FEI Number 650809598	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent DELRAY MEDICAL ASSOCIATES, INC. 6646 WEST ATLANTIC AVENUE DELRAY BEACH FL 33446	8. Name and Address of New Registered Agent/Office Name George L. Sabates Street Address (P.O. Box Number is Not Acceptable) 6646 W Atlantic Ave Suite, Apt. #, etc. 3rd Floor City Deley Beach FL Zip Code 33446
---	--

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  (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when Appointment)

DATE **3-5-99**

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DELRAY MEDICAL ASSOCIA	6646 WEST ATLANTIC AVENUE	DELRAY BEACH FL
MGRM	CYPRESS CREEK MEDICA,	912 N.E. 62ND STREET	FORT LAUDERDALE FL

000002836820-7
-04/12/99--01131--018
****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:  **George L. SABATES** **President** **3-5-99** **561-637-4112**