


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 15 AM 10:45

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L98000000609 2096 EAST OCEAN BOULEVARD, L.C. 21 SOUTHEAST HARBOR POINT DRIVE STUART FL 34996			1a. Principal Place of Business Address 2096 SOUTHEAST OCEAN BLVD. STUART FL 34996		
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/14/1998	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Country		65-0841296	<input type="checkbox"/> Not Applicable
Zip		Country		5. Date of Last Report	6. Certificate of Status Desired
					<input type="checkbox"/> \$875 Additional Fee Required
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
MORTELL, EDWIN E III 2100 SOUTHEAST OCEAN BLVD., SUITE 10 STUART FL 34996			Name Street Address (P.O. Box Number is Not Acceptable) 100 Flamingo Ave Suite, Apt. #, etc. City Stuart Zip Code FL 34996		
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/Agent/Address) (FEI) (Registered Agent/Address) (Date of Birth)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
	MGRM BARATTA, ROBERT R M.D.	21 SOUTHEAST HARBOR POINT		STUART FL	
	MGRM SURGERY CENTER OF STUA	21 SOUTHEAST HARBOR POINT		STUART FL	
800002848068 -04/22/99--01102--006 ****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: <u>Robert O. Baratta</u> Robert O. Baratta 4/10/99 561-223-0174					