
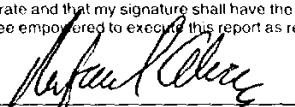


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR 21 PM 5:00 SECRETARY OF STATE DIVISION OF CORPORATIONS																													
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>																															
<b>1 Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT #</b> L98000002104  MERCY ANESTHESIA GROUP, L.C. C/O BROAD AND CASSEL 201 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131		<b>1a. Principal Place of Business Address</b>  C/O BROAD AND CASSEL 201 SOUTH BISCAYNE BLVD., SU MIAMI FL 33131																															
<b>2 Principal Place of Business</b> 3663 S. Miami Ave Suite, Apt. #, etc. 2nd Floor City & State Miami FL Zip 33133		<b>2a. Mailing Address</b> 7600 SW 57 Ave Suite, Apt. #, etc. Suite 333 City & State South Miami FL Zip 33143		<b>3. Date Organized or Qualified</b> 10/05/1998 <b>4. FEI Number</b> 65-0870510 <b>3a. State of Formation</b> FL <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
<b>7. Name and Address of Current Registered Agent</b>  B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 200002859112--9 -04/30/99--01125--025 ****188.75 FL																															
<b>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.</b>																																	
SIGNATURE _____ <small>(He/She/It is a joint/sole registered agent for the company.)</small>		DATE _____																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>ALVAREZ, <u>RAFAEL</u> M.D.</td> <td>4990 HAMMOCK <u>LAKE</u> DRIVE</td> <td>CORAL GABLES FL</td> </tr> <tr> <td>MGRM</td> <td>LA' FONTANT, PIERRE</td> <td>18005 S.W. 83 COURT</td> <td>MIAMI FL</td> </tr> <tr> <td>MGRM</td> <td>LURIE, CONCEPCION M.D.</td> <td>945 MARINER DRIVE</td> <td>KEY BISCAYNE FL</td> </tr> <tr> <td>MGRM</td> <td>MORTENSON, BETTY</td> <td>5396 S.W. 80 STREET</td> <td>MIAMI FL</td> </tr> <tr> <td>MGRM</td> <td>PRENDIVILLE, MAURICE</td> <td>5831 MILLER DRIVE</td> <td>MIAMI FL</td> </tr> <tr> <td>MGRM</td> <td>RAMIREZ, LUIS M.D.</td> <td>335 PACIFIC ROAD</td> <td>KEY BISCAYNE FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	ALVAREZ, <u>RAFAEL</u> M.D.	4990 HAMMOCK <u>LAKE</u> DRIVE	CORAL GABLES FL	MGRM	LA' FONTANT, PIERRE	18005 S.W. 83 COURT	MIAMI FL	MGRM	LURIE, CONCEPCION M.D.	945 MARINER DRIVE	KEY BISCAYNE FL	MGRM	MORTENSON, BETTY	5396 S.W. 80 STREET	MIAMI FL	MGRM	PRENDIVILLE, MAURICE	5831 MILLER DRIVE	MIAMI FL	MGRM	RAMIREZ, LUIS M.D.	335 PACIFIC ROAD	KEY BISCAYNE FL
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<b>11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.</b>																																	
<b>SIGNATURE:</b> x 		4/15/99 (305) 6625583																															