




2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1 Name and Mailing Address of Limited Liability Company DOUGLAS ROAD SURGERY CENTER, LLC 303 EAST PAR STREET ORLANDO FL 32804		DOCUMENT # L98000003146	
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 3885 OAKWATER CIRCLE Suite, Apt. #, etc. City & State ORLANDO FL Zip Country 32806 USA	
3. Date Organized or Qualified 11/24/1998		3a. State of Formation FL	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired SR (No Additional Fee Required) <input type="checkbox"/>	
7. Name and Address of Current Registered Agent SAPP, D. JEFFREY 303 EAST PAR STREET ORLANDO FL 32804		8. Name and Address of New Registered Agent/Office Name SHAMUS HOLT Street Address (P.O. Box Number is Not Acceptable) 3885 OAKWATER CIRCLE Suite, Apt. #, etc. City ORLANDO FL Zip Code 32806	
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	PHC ANCILLARY SERVICES	303 EAST PAR STREET	ORLANDO FL
MGRM	DDC ENTERPRISES, INC.	661 E. ALTAMONE DR., SUITE	ALTAMONTE SPRINGS FL
			300003006583--0 -10/06/99--01002--005 ****588.75 ****588.75 DB 2-27-99
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			