

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
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FILED
99 JUL 30 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000003159
PASCO-HERNANDO SURGICAL ASSOCIATES, P.L. 14100 FIVAY ROAD, SUITE 320 HUDSON FL 34667	

1a. Principal Place of Business Address
14100 FIVAY ROAD, SUITE 320 HUDSON FL 34667

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/10/1998	FL
City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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 reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PIDURU, MALLIK A M.D.	14100 FIVAY ROAD, SUITE 320	HUDSON FL

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****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:

SIGNATURE AND TYPE DURING NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Mallik A. Piduru, M.D.
14100 Fivay Road
Hudson, Florida 34667

FILED
JUL 30 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

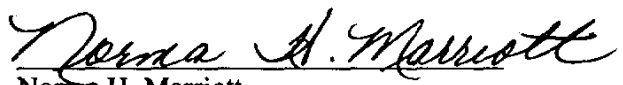
July 22, 1999


I, Mallik A. Piduru, M.D. attest and affirm that I have never received the first notice regarding filing my annual report.

I am enclosing a check per your instructions for the fee of \$ 188.75 for filing my annual report.


Mallik A. Piduru, M.D.

Mallik A. Piduru, personally known to me appeared July 22, 1999 and signed the above statement.


Norma H. Marriott
Notary Public

 **NOTARY PUBLIC**
STATE OF FLORIDA
NORMA H. MARRIOTT
COMMISSION # CC633983
EXPIRES MAR 27, 2001
BONDED THROUGH
ATLANTIC BONDING CO., INC.