

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1997		FILED 97 MAR 17 AM 8:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M96000000349	
ALIMAR PHYSICIAN RESOURCES, LLC 407 WHOOPING LOOP, SUITE 1607 ALTAMONTE SPRINGS FL 32701		1a. Principal Place of Business Address 407 WHOOPING LOOP, SUITE 1607 ALTAMONTE SPRINGS FL 32701 000002117776--5 -03/19/97--01041--011 ****203.75 ****203.75	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		3. Date Organized or Qualified 09/16/1996	
2. Principal Place of Business		3a. State of Formation DE	
Suite, Apt. #, etc.		4. FEI Number 59-3380470	
City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		5. Date of Last Report	
Country		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	
GASSER, JEFFREY 407 WHOOPING LOOP, SUITE 1607 ALTAMONTE SPRINGS FL 32701		Name Street Address (P.O. Box Number is Not Acceptable) 975 CENTRAL FLA. PKWY. STE. 1800 Suite, Apt. #, etc. STE 1800 City LONGWOOD Zip Code FL 32750	
CHANGE OF ADDRESS:			
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 <i>[Signature]</i>		DATE 1/27/97	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TAMAYO, RAUL M.D.	393 Suite 1461 407 WHOOPING LOOP, SUITE 1	ALTAMONTE SPRINGS FL
MGR	STRATTON, ART M.D.	125 EUGENE O'NEILL DRIVE	NEW LONDON CT
MGR	BISHOFF, LARRY	125 EUGENE O'NEILL DRIVE	NEW LONDON CT
MGR	MADIGAN, PHYLLIS	125 EUGENE O'NEILL DRIVE	NEW LONDON CT
MGR	CONTE, JOE	125 EUGENE O'NEILL DRIVE	NEW LONDON CT
MGR	WASSERMAN, LOUIS M.D.	125 EUGENE O'NEILL DRIVE	NEW LONDON CT
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: <i>[Signature]</i>		1/27/97 260-5990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	