


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 27 PM 1:50 <i>mtu</i> <i>4/28</i>
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 WOODLAWN MEDICAL CENTER, L.C. 2100 16TH STREET NORTH ST. PETERSBURG FL 33704		DOCUMENT # Z00124 1a. Principal Place of Business Address 2100 16TH STREET NORTH ST. PETERSBURG FL 33704	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/18/1989 3a. State of Formation FL 4. FEI Number 59-2493390 5. Date of Last Report 03/03/1997 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent RICHFIELD, MARIE T. 2100 - 16TH STREET NORTH ST. PETERSBURG FL 33704		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002508597-1 Suite, Apt. #, etc. 05/04/98 01006-004 ****188.75 ****188.75 City Zip Code FL	
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	PELL, DONALD M.	2106 16 ST. NORTH	ST PETERSBURG FL
MEM	RICHFIELD, MARIE T.	2106 16 ST. NORTH	ST PETERSBURG FL
MEM	SIMMLER, DON	2106 16 ST. NORTH	ST PETERSBURG FL

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: Marie T. Richfield 4/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #