

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000917

FILED
Apr 11, 2008
Secretary of State

Entity Name: A & K ANESTHESIA CONSULTING AND MANAGEMENT, LLC

Current Principal Place of Business:

1390 LAKE JOSEPHINE DR
SEBRING, FL 338756410

New Principal Place of Business:

1390 LAKE JOSEPHINE DR
SEBRING, FL 338756410 US

Current Mailing Address:

1390 LAKE JOSEPHINE DR
SEBRING, FL 338756410

New Mailing Address:

1390 LAKE JOSEPHINE DR
SEBRING, FL 338756410 US

FEI Number: 01-0572162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIGH, NANCY W MD
Address: 1390 LAKE JOSEPHINE DR
City-St-Zip: SEBRING, FL 338756410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: NANCY W HIGH

MGR

04/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date