2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000021125

1. Entity Name

BOYNTON ANESTHESIA PROVIDERS, LLC

FILED
05 MAR 17 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/04)

Principal Place of Business	Mailing Address
1900 GLADES ROAD SUITE 401 BOCA RATON FL 33431 US	1900 GLADES ROAD SUITE 401 BOCA RATON FL 33431 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENKHAUS, DAVID J 1900 GLADES ROAD SUITE 401 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARK DOSCH		NAME	
STREET ADDRESS	1325 SO. CONGRESS AVE, SUITE 211		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	300049027453 03/24/05--01002--008 **400.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I 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 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.

SIGNATURE: David J. Menkhaus 2/17/05 561-394-7910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #