

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003552

Entity Name: ADVANTAGE ANESTHESIA, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

327 WAHOO ROAD  
PANAMA CITY BEACH, FL 32411

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27357  
PANAMA CITY BEACH, FL 32411

**New Mailing Address:**

FEI Number: 20-4348656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

HASEK, MARTIN  
327 WAHOO RD  
PANAMA CITY BEACH, FL 32411 US

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: MARTIN HASEK

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NITRAM MANAGEMENT, L, LC  
Address: 327 WAHOO ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32411

**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: OLIVER M HASEK III

MGR

04/30/2008

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