


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1902

DOCUMENT # L03000007295				 <div style="display: inline-block; text-align: left; vertical-align: middle;"> FILED 04 JUN -8 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
1. Entity Name JAX ANESTHESIA PROVIDERS, LLC				Principal Place of Business 4800 BELFORT ROAD JACKSONVILLE, FL 32256	
2. Principal Place of Business				3. Mailing Address	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WODRICH, MICHAEL A 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached list of managing Members. <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500037839205 06/10/04--01008--015 **200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			Date: 6/8/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

The following are the managing members of Jax Anesthesia:

Jack R. Groover
4800 Belfort Road
Jacksonville, FL 32256

Lawrence Goldberg
836 Prudential Drive, Suite 801
Jacksonville, FL 32207

Walter A. Harmon
1610-A Barrs Street
Jacksonville, FL 32204

Robert Kanner
1375 Roberts Drive, Suite 204
Jacksonville Beach, FL 32250

Bradford Joseph
3627 University Blvd, Suite 410
Jacksonville, FL 32216