P.O. BOX 27357 PANAMA CITY BEACH, FL 32411				
FEI Number: 20-4348656			Certificate of Status Desired: N	lo
Name and Address of Current Registered Agent:				
HASEK, MART 327 WAHOO R PANAMA CITY				
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		Da	ate
Authorized Person(s) Detail :				
Title	MGR	Title	Р	
Name	NITRAM MANAGEMENT, LLC	Name	HASEK, MARTIN PRES.	
Address	327 WAHOO ROAD	Address	202 DOCTORS DRIVE	
City-State-Zip:	PANAMA CITY BEACH FL 32411	City-State-Zip:	PANANMA CITY FL 32411	

DOCUMENT# M0600003552

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ADVANTAGE ANESTHESIA, LLC

Current Principal Place of Business:

327 WAHOO ROAD PANAMA CITY BEACH, FL 32411

Current Mailing Address:

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN HASEK

MBR

03/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 28, 2014 Secretary of State CC1945554118

Date