

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000043

FILED
Apr 30, 2004
Secretary of State

Entity Name: SUNSHINE ANESTHESIA, P.L.

Current Principal Place of Business:

7431 GLADIOLUS DR
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

17579 BOAT CLUB DRIVE
FT. MYERS, FL 33908

New Mailing Address:

7159 COTTONTAIL CT
FT. MYERS, FL 33908

FEI Number: 65-0988129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE. WEST
BRADENTON, FL 34209 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/MEMBERS:

Title: MGR () Delete
Name: LENTZ, JEFFREY M MD
Address: 17579 BOAT CLUB DR.
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LENTZ, JEFFREY M MD
Address: 7159 COTTONTAIL CT
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY LENTZ

MD

04/30/2004

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