2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000043

Entity Name: SUNSHINE ANESTHESIA, P.L.

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7431 GLADIOLUS DR FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

7159 COTTONTAIL CT PO BOX 07207 FT. MYERS, FL 33908 FT. MYERS, FL 33919

FEI Number: 65-0988129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 LENTZ, JEFFREY M MD
 Name:
 LENTZ, JEFFREY M MD

 Address:
 7159 COTTONTAIL CT
 Address:
 PO BOX 07207

 City-St-Zip:
 FT. MYERS, FL 33908
 City-St-Zip:
 FT. MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY M LENTZ, M.D. MGR 01/12/2007