


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90024 036 ****50.00

DOCUMENT # L01000011789	
1. Entity Name DIZMANG ANESTHESIA SERVICES, L.L.C.	

Principal Place of Business 9378 ARLINGTON EXPY. JACKSONVILLE FL 32225	Mailing Address 9378 ARLINGTON EXPY. #502 JACKSONVILLE FL 32225
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent MERCIER, LEE F 200 WEST FORSYTH STREET, SUITE 1100 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent	
		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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIZMANG, KIMBERLY 9378 ARLINGTON EXPY, #502 JACKSONVILLE FL 32225 <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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kimberly K. Dizmang
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

4/15/06

Date

Daytime Phone #