

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011789

FILED
Feb 16, 2008
Secretary of State

Entity Name: DIZMANG ANESTHESIA SERVICES, L.L.C.

Current Principal Place of Business:

9378 ARLINGTON EXPY.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9378 ARLINGTON EXPY.
#502
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3735948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCIER, LEE F
200 WEST FORSYTH STREET, SUITE 1100
JACKSONVILLE, FL 32202 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/MANAGERS:

Title: MGR () Delete
Name: DIZMANG, KIMBERLY
Address: 9378 ARUNGTION EXPY, #502
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLY K. DIZMANG

PRES

02/16/2008

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