2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# L01000011789

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

Current Principal Place of Business:

9378 ARLINGTON EXPY.
JACKSONVILLE, FL 32225

New Principal Place of Business:

9378 ARLINGTON EXPY.
502
JACKSONVILLE, FL 32225

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 (X)**

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 ARUNGTON 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 02/26/2009

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