

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019662

FILED  
Feb 17, 2004  
Secretary of State

**Entity Name:** ANESTHESIA SOLUTIONS OF CENTRAL FLORIDA, L.L.C.

**Current Principal Place of Business:**

210 SOUTH PARK  
SANFORD, FL 32771

**New Principal Place of Business:**

210 SOUTH PARK  
#102  
SANFORD, FL 32771

**Current Mailing Address:**

210 SOUTH PARK  
SANFORD, FL 32771

**New Mailing Address:**

210 SOUTH PARK  
#102  
SANFORD, FL 32771

FEI Number: 26-0006811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEATHERFORD, WILLIAM P JR.  
1150 LOUISIANA AVE.  
SUITE 4  
WINTER PARK, FL 32789 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: MGRM ( ) Delete  
Name: TRICOUNTY ANESTHESIA, , LLC  
Address: 210 SOUTH PARK  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TRICOUNTY ANESTHESIA, , LLC  
Address: 210 SOUTH PARK, #102  
City-St-Zip: SANFORD, FL 32771

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: TRICOUNTY ANESTHESIA, LLC

MGRM

02/17/2004

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