

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019662

FILED
Apr 05, 2005
Secretary of State

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

Current Principal Place of Business:

210 SOUTH PARK
#102
SANFORD, FL 32771

New Principal Place of Business:

210 SOUTH PARK AVE.
#102
SANFORD, FL 32771

Current Mailing Address:

210 SOUTH PARK
#102
SANFORD, FL 32771

New Mailing Address:

P.O. BOX 1714
SANFORD, FL 32772

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, #102
City-St-Zip: SANFORD, FL 32771

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESPINOLA, ARTURO
Address: 210 SOUTH PARK AVE. #102
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Change (X) Addition
Name: BINFORD, MICHAEL
Address: 210 SOUTH PARK AVE., #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: ARTURO ESPINOLA

MGRM

04/05/2005

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