

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006470

FILED
Jul 07, 2005
Secretary of State

Entity Name: HYPNOS ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

3373 SOUTHWEST 51ST TERRACE
OCALA, FL 34470

New Principal Place of Business:

3220 SW 80TH AVENUE
OCALA, FL 34481

Current Mailing Address:

3373 SOUTHWEST 51ST TERRACE
OCALA, FL 34470

New Mailing Address:

3220 SW 80TH AVENUE
OCALA, FL 34481

FEI Number: 04-3631478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUCKTELOW, GUY
3373 SW 51ST TERRACE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

FULKS, JUANITA
3220 SW 80TH AVENUE
OCALA, FL 34481 US

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: JUANITA FULKS

07/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FULKS, BRENTON GLENN
Address: 3373 SOUTHWEST 51ST TERRACE
City-St-Zip: Ocala, FL 34470

Title: MGR () Delete
Name: TURNER, ANITA
Address: 3373 SOUTHWEST 51ST TERRACE
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: TURNER, ANITA
Address: 3220 SW 80TH AVENUE
City-St-Zip: Ocala, FL 34481

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: ANITA TURNER

MEMB

07/07/2005

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