

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006470

FILED
Mar 02, 2006
Secretary of State

Entity Name: HYPNOS ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

3220 SW 80TH AVENUE
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

3220 SW 80TH AVENUE
OCALA, FL 34481

New Mailing Address:

FEI Number: 04-3631478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULKS, JUANITA
3220 SW 80TH AVENUE
OCALA, FL 34481 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: FULKS, BRENTON GLENN
Address: 3373 SOUTHWEST 51ST TERRACE
City-St-Zip: OCALA, FL 34470

Title: MGR () Delete
Name: TURNER, ANITA
Address: 3220 SW 80TH AVENUE
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FULKS, BRENTON G
Address: 3373 SOUTHWEST 51ST TERRACE
City-St-Zip: OCALA, FL 34470

Title: MGR (X) Change () Addition
Name: TURNER, ANITA K
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 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: ANITA TURNER

MGR

03/02/2006

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