

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

3/1:

03-12-2003 90011 006 \*\*\*\*55.00

**DOCUMENT # L02000009629**

1. Entity Name

**ANESTHESIA INTERNATIONAL, L.L.C.**



Principal Place of Business

Mailing Address

156 RAINTREE DR.  
LONGWOOD FL 32779

156 RAINTREE DR.  
LONGWOOD FL 32779

2. Principal Place of Business

**104 TOMOKA TRAIL**

3. Mailing Address

**104 TOMOKA TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LONGWOOD FL**

City & State

**LONGWOOD FL**

Zip

**32779**

Country

Zip

**32779**

Country

4. FEI Number

**22-3873681**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Dr. Alex Brannon**  
**FITZNER, ALEXIS**  
**156 RAINTREE DR.**  
**LONGWOOD FL 32779**

**Alexis Brannon**  
**104 TOMOKA TRAIL**

City **LONGWOOD**

FL

Zip Code **32779**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Alexis Brannon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/07/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. **PRESIDENT** MANAGING MEMBERS/MANAGERS

TITLE **ALEXIS BRANNON** ☐ Delete  
NAME  
STREET ADDRESS **604 TOMOKA TRAIL**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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 **Alexis Brannon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**03/07/03 407 947-5680**

Date

Daytime Phone #

CR2E083 (10/02)