


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000019404</b> 1. Entity Name <b>OSCEOLA ANESTHESIA ASSOCIATES, PL</b>	
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Principal Place of Business <b>8839 BAY HARBOUR BLVD. ORLANDO, FL 32836</b>	Mailing Address <b>8839 BAY HARBOUR BLVD. ORLANDO, FL 32836</b>
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**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>04-3705219</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NEGRIN, M.D., MORRIS 8839 BAY HARBOUR BLVD ORLANDO, FL 32836</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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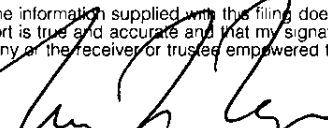
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GR NEGRIN, MORRIS 8839 BAY HARBOUR BLVD ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GR SANCHEZ, VIRGIL 1200 OSCEOLA AVENUE WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/03/08-80043-017 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>Morris Negrin, MD 4-29-08 (407) 532-2757</b> <small>Date Daytime Phone #</small>
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