2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2004
Secretary of State

DOCUMENT# L02000028649

Entity Name: GUSKE ANESTHESIA SERVICES LLC

Current Principal Place of Business:

13239 HEATHER RIDGE LOOP
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

PMB 29
6900 - 29 DANIELS PKWY
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 05-0543673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUSKE, SALLY JO A
13239 HEATHER RIDGE LOOP
FORT MYERS, FL 33912 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: GUSKE, SALLY JO
Address: 13239 HEATHER RIDGE LOOP
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

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

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: SALLY JO A GUSKE MGRM 07/05/2004

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