

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028649

FILED
Jan 14, 2005
Secretary of State

Entity Name: GUSKE ANESTHESIA SERVICES LLC

Current Principal Place of Business:

13239 HEATHER RIDGE LOOP
FORT MYERS, FL 33912

New Principal Place of Business:

801 SORRENTO PLACE
NOKOMIS, FL

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 ()

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:

GUSKE, SALLY JO A
801 SORRENTO PLACE
NOKOMIS, FL 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:

01/14/2005

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: MGRM (X) Change () Addition
Name: GUSKE, SALLY JO
Address: 801 SORRENTO PLACE
City-St-Zip: NOKOMIS, FL

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 ANN GUSKE

PRES

01/14/2005

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