

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028649

FILED
Jul 13, 2006
Secretary of State

Entity Name: GUSKE ANESTHESIA SERVICES LLC

Current Principal Place of Business:

801 SORRENTO PLACE
NOKOMIS, FL

New Principal Place of Business:

3404 S.E. 18TH AVE.
CAPE CORAL, FL 33904

Current Mailing Address:

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

New Mailing Address:

PMB 251
6900 - 29 DANIELS PKWY
FT. MYERS, FL 33912

FEI Number: 05-0543673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GUSKE, SALLY JO A
3404 S.E. 18TH AVE
CAPE CORAL, FL 33904 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: SALLY JO A. GUSKE

07/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUSKE, SALLY JO
Address: 801 SORRENTO PLACE
City-St-Zip: NOKOMIS, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUSKE, SALLY JO
Address: 3404 S.E. 18TH AVE.
City-St-Zip: CAPE CORAL, FL 33904

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: SALLY JO A. GUSKE

MM

07/13/2006

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