

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028649

FILED
Jan 16, 2007
Secretary of State

Entity Name: GUSKE ANESTHESIA SERVICES LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PMB 251
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
3404 S.E. 18TH AVE
CAPE CORAL, FL 33904 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/MANAGERS:

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

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 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

MGRM

01/16/2007

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