


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:15

<b>DOCUMENT # L02000034486</b> 1. Entity Name FORT WALTON BEACH ANESTHESIA, LLC	
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Principal Place of Business 8201 UNIVERSITY PKWY PENSACOLA, FL 32514	Mailing Address 8201 UNIVERSITY PKWY PENSACOLA, FL 32514
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**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1670989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HUSTON, GARY W  
125 W ROMANA ST, STE 800  
PENSACOLA, FL 32501

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MMS, LLC 8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514
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05/08/06--01016--025 \*\*550.00

**DO NOT WRITE  
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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.

SIGNATURE: Andy Popple 4-27-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #