


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91159 020 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30068281

DOCUMENT # L02000034486					
1. Entity Name FORT WALTON BEACH ANESTHESIA, LLC					
Principal Place of Business 8201 UNIVERSITY PKWY PENSACOLA, FL 32514			Mailing Address 8201 UNIVERSITY PKWY PENSACOLA, FL 32514		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEL 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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's signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER MMS, LLC 8201 University Parkway Pensacola, FL 32514			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.					
SIGNATURE: MMS, LLC as Manager			Date: 5/1/03		Daytime Phone #: (850) 474-8000

CR2E083 (10/02)