FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91159 020 ****50.00

2003 LIMITED LIABILITY COMPANY

OCUMENT # L020000344 Entity Name ORT WALTON BEACH ANESTHESI	/		or Section		068	
rincipal Place of Business 201 UNIVERSITY PKWY ENSACOLA, FL 32514	Mailing Address 8201 UNIVERSITY PKWY PENSACOLA, FL 32514					
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Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Sulte, Apt. #, etc.			RE IF MAKING CH	HANGES	
City & State	City & State		4. FEL Number 16709	89		lied For Applicable
	Zip	Country	5. Certificate of Status Desire	🗀 \$5	5.00 Addit	
		<u> </u>	7. Name and Address of Ne		e Required ent	
6. Name and Address of Curren	t Registered Agent	Name	7, REALITY AND PROGRAMS OF THE	<u></u> -		
USTON, GARY W 25 W ROMANA ST, STE 800 ENSACOLA, FL 32501		Street Addres	s (P.O. Box Number is Not Accep	table)		
	City			FI	Zip Code	
. The above named entity submits this statement		1 '	to an analysis of the State		miliar with, a	and accept
the obligations of registered agent.						
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