



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90130 049 \*\*\*\*50.00

<b>DOCUMENT # L03000009736</b>			
1. Entity Name P B ANESTHESIA ASSOCIATES, LLC			
Principal Place of Business 1157 SR #7 / #441 WELLINGTON, FL 33414 US		Mailing Address 12983 SOUTHERN BOULEVARD SUITE 202 LOXAHATCHEE, FL 33470 US	
2. Principal Place of Business 1157 SOUTH S.R. #7		3. Mailing Address 1157 SOUTH S.R. #7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WELLINGTON, FL		City & State WELLINGTON FL	
Zip 33414	Country USA	Zip 33414	Country USA
6. Name and Address of Current Registered Agent TRIPURANENI, KRISHNA 12983 SOUTHERN BOULEVARD SUITE 202 LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name KRISHNA TRIPURANENI Street Address (P.O. Box Number is Not Acceptable) 1157 SOUTH S.R. #7 City WELLINGTON FL Zip Code 33414	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIPURANENI, KRISHNA 12983 SOUTHERN BOULEVARD SUITE 202 LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1157 SOUTH S.R. #7 WELLINGTON, FL 33414 <input checked="" 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
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
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 608, Florida Statutes.			
SIGNATURE: 		Date: 1-7-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

24000701



01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1181405 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required