

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000009736

1. Entity Name
P B ANESTHESIA ASSOCIATES, LLC



Principal Place of Business
**1157 SOUTH S.R. #7
WELLINGTON, FL 33414 US**

Mailing Address
**1157 SOUTH S.R. #7
SUITE 202
WELLINGTON, FL 33414 US**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1181405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRIPURANENI, KRISHNA
1157 SOUTH S.R. #7
WEST PALM BEACH, FL 33414**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TRIPURANENI, KRISHNA
1157 SOUTH S.R. #7
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1000000388512
01/20/06-80007-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-12-06