2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# L03000022247

Entity Name: OPTIMAL ANESTHESIA, LLC

Current Principal Place of Business:

22220 MORNING GLORY TERRACE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

22220 MORNING GLORY TERRACE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 83-0362108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIFFEL, STEVEN M M.D.
22220 MORNING GLORY TERRACE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KIFFEL, STEVEN M MD
Address: 22220 MORNING GLORY TERRACE
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete
Name: KIFFEL, SHIRLI
Address: 22220 MORNING GLORY TERRACE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN KIFFEL, M.D.. MGRM 03/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date