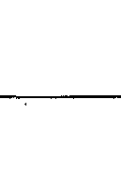



**FILED**

**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000024307</b> 1. Entity Name <b>GULFPOINT ANESTHESIA SERVICES, PL</b>		
Principal Place of Business <b>206 2ND STREET EAST BRADENTON, FL 34208</b>	Mailing Address <b>206 2ND STREET EAST BRADENTON, FL 34208</b>	
DO NOT WRITE IN THIS SPACE		
<b>6. Name and Address of Current Registered Agent</b>		
<b>WICKMAN &amp; WYCKOFF, P.A.</b> <b>4909 MANATEE AVE. W.</b> <b>BRADENTON, FL 34209</b>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>		
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WEINGARTEN, JONAS</b> <b>206 2ND STREET EAST</b> <b>BRADENTON, FL 34208</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.</b>		
<b>SIGNATURE:</b> 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		