2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 20, 2006 08:00 AN DOCUMENT # L03000024307 **Secretary of State GULFPOINT ANESTHESIA SERVICES, PL** Mailing Address Principal Place of Business 206 2ND STREET EAST 206 2ND STREET EAST BRADENTON, FL 34208 BRADENTON, FL 34208 01102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0079846 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. DO NOT WRITE 4909 MANATEE AVE. W. BRADENTON, FL 34209 IN THIS SPACE 5. 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 reinstaling) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9, MGR TITLE WEINGARTEN, JONAS 100001333312 01/25/06-80015-023-50.00 NAME STREET ADDRESS 206 2ND STREET EAST BRADENTON, FL 34208 CITY-ST-ZIP nnENAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 eath; 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 AN

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

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