

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000024307 1. Entity Name GULFPOINT ANESTHESIA SERVICES, PL	
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Principal Place of Business 206 2ND STREET EAST BRADENTON FL 34208	Mailing Address 206 2ND STREET EAST BRADENTON FL 34208
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-0079846		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVE. W. BRADENTON FL 34209	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINGARTEN, JONAS 206 2ND STREET EAST BRADENTON FL 34208 <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	000000819497 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/15/08-80084-015 138.75
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
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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 exemptions contained in Section 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:  **2/5/08 (941) 745-6829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #