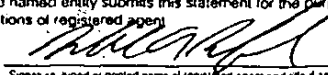
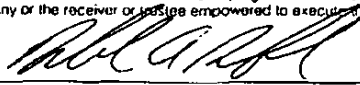


FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90234 016 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000035879			
1. Entity Name LAKE MONROE ANESTHESIA ASSOCIATES, P.L.			
Principal Place of Business 1401 N. SEMINOLE BLVD. SANFORD, FL 32771		Mailing Address PO BOX 470337 LAKE MONROE, FL 32747	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Greene, Dycus & Co	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 729	
City & State		City & State Sanford, FL	
Zip	Country	Zip	Country
32771	USA	32771	USA
4. FEI Number 52-2419117		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01312008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BINFORD, MICHAEL A 1401 N. SEMINOLE BLVD. SANFORD, FL 32771		Name Damon A. Chase Street Address (P.O. Box Number is Not Acceptable) 250 International Pkwy Suite 250 City Lake Mary FL Zip Code 32746-5022	
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 		DATE 2-28-08	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BINFORD, MICHAEL A 1401 N. SEMINOLE BLVD. SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Grewal, T.S. 1401 N. Seminole Blvd Sanford, FL 32771 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Vazquez, Jorge L. 1401 N. Seminole Blvd Sanford, FL 32771 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Sankaran, Iyer S. 1401 N. Seminole Blvd Sanford, FL 32771 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Espinola, Arturo 1401 N. Seminole Blvd Sanford, FL 32771 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Peliciano, Aurelio 1401 N Seminole Blvd Sanford, FL 32771 ☐ Change ☒ Addition
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: 		DATE 2-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	