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.

60020546

Principal Place of Business	Mailing Address
1401 N. SEMINOLE BLVD. SANFORD, FL 32771	PO BOX 470337 LAKE MONROE, FL 32747

01312008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	c/o Greene, Dycus & Co Suite, Apt. #, etc. PO Box 729
City & State	City & State Sanford, FL
Zip / Country	Zip / Country 32771 / USA

4. FEI Number 52-2419117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 _____ 2-28-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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: _____ 2-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #