2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L03000040358

Entity Name: OUTPATIENT ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

1325 S. CONGRESS AVE., STE. 211
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1325 S. CONGRESS AVE., STE. 211
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 55-0852092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
2424 N. FEDERAL HWY., STE. 456
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DOSCH, MARK R
Address: 4615 PINE TREE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR ( ) Delete
Name: DEGEROME, JAMES H
Address: 1422 SE ATLANTIC DR
City-St-Zip: LANTANA, FL 33426

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK R DOSCH MGRM 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date