2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# L03000042155

Entity Name: ANESTHESIA GROUP OF MICROSPINE, LLC

Current Principal Place of Business:

100 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

101 MICROSPINE WAY
DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address:

100 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

101 MICROSPINE WAY
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 90-0118217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, ANGEL D
100 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

BARBER, ANGEL D
101 MICROSPINE WAY
DEFUNIAK SPRINGS, FL 32435 US

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: 03/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MICROSPINE, INC.,
Address: 100 COY BURGESS LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MICROSPINE, INC.,
Address: 101 MICROSPINE WAY
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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: ANGEL BARBER MGR 03/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date