


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90001 023 \*\*\*\*50.00

<b>DOCUMENT # L03000049682</b>	
1. Entity Name <b>ANESTHESIA SOLUTIONS OF PENSACOLA, LLC</b>	

Principal Place of Business <b>2901 2ND AVENUE SOUTH SUITE 270 BIRMINGHAM, AL 35233</b>	Mailing Address <b>2901 2ND AVENUE SOUTH SUITE 270 BIRMINGHAM, AL 35233</b>
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**24083823**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

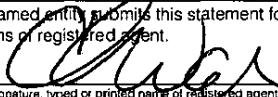
08262004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0453729</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name <b>CLETE WALKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1717 NORTH E STREET</b> <b>STE 203, Tower 1</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32501</b>	
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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 signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VITALMED, INC. 2901 2ND AVENUE SOUTH, SUITE 270 BIRMINGHAM, AL 35233</b> <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	<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	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_