FILED
May 20, 2005 8:00 am
Secretary of State
04-27-2005 90026 044 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049682

1. Entity Name
ANESTHESIA SOLUTIONS OF PENSACOLA, LLC

Principal Place of Business	Mailing Address
2901 2ND AVENUE SOUTH SUITE 270 BIRMINGHAM, AL 35233	2901 2ND AVENUE SOUTH SUITE 270 BIRMINGHAM, AL 35233

DO NOT WRITE IN THIS SPACE

02142005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0453729
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~WALKER, OLETE~~ WELCH, SCOTT
1717 NORTH E STREET
STE 203 TOWER 1
PENSACOLA, FL 32501

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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: Scott M Welch SCOTT M. WELCH 5-16-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	VITALMED, INC.
STREET ADDRESS	2901 2ND AVENUE SOUTH, SUITE 270
CITY-ST-ZIP	BIRMINGHAM, AL 35233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Scott M Welch 4-22-05 205-297-0219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone # —