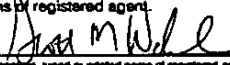


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2005 8:00 am
Secretary of State

04-27-2005 90026 044 ****50.00

DOCUMENT # L03000049682		
1. Entity Name ANESTHESIA SOLUTIONS OF PENSACOLA, LLC		
Principal Place of Business 2901 2ND AVENUE SOUTH SUITE 270 BIRMINGHAM, AL 35233		Mailing Address 2901 2ND AVENUE SOUTH SUITE 270 BIRMINGHAM, AL 35233
DO NOT WRITE IN THIS SPACE		
		 02142005No Chg-LLC CF2E083 (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, GLENN WELCH, SCOTT 1717 NORTH E STREET STE 203 TOWER 1 PENSACOLA, FL 32501		
DO NOT WRITE IN THIS SPACE		
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 5-16-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VITALMED, INC. 2901 2ND AVENUE SOUTH, SUITE 270 BIRMINGHAM, AL 35233	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  4-22-05 205-247-0819 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		