


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000049682</b> 1. Entity Name <b>ANESTHESIA SOLUTIONS OF PENSACOLA, LLC</b>	
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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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02022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>WELCH, SCOTT 1717 NORTH E STREET STE 203 TOWER 1 PENSACOLA, FL 32501</b>
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**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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/31/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VITALMED, INC. 2901 2ND AVENUE SOUTH, SUITE 270 BIRMINGHAM, AL 35233</b>
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02/15/07-80006-015 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/31/07 205 322 1808**