

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED
May 20, 2004 8:00 am
Secretary of State

05-03-2004 90140 008 ****50.00

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04302004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000055609					
1. Entity Name PAN AMERICAN ANESTHESIA, LLC					
Principal Place of Business 4990 HAMMOCK LAKE DR CORAL GABLES, FL 33156			Mailing Address 4990 HAMMOCK LAKE DR CORAL GABLES, FL 33156		
2. Principal Place of Business			3. Mailing Address 5390 SW 80 ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State MIAMI, FL		
Zip	Country	Zip	Country	4. FEI Number 20-0527881	
33143		33143	DADE	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 201 S BISCAYNE BLVD, STE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCY ANESTHESIA GROUP, LC 7600 SW 57 AVE, STE 333 SOUTH MIAMI, FL 33143	<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	
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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: 			Date: 4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		