2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# L04000005746

Entity Name: SACHER ANESTHESIA AND PAIN MANAGEMENT, LLC

Current Principal Place of Business:

9315 SW 46TH PLACE
GAINESVILLE, FL 32608

New Principal Place of Business:

6883 S.E. 12TH CIRCLE
OCALA, FL 34480

Current Mailing Address:

9315 SW 46TH PLACE
GAINESVILLE, FL 32608

New Mailing Address:

6883 S.E. 12TH CIRCLE
OCALA, FL 34480

FEI Number: 52-2438768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SACHER, MARK
9315 SW 46TH PLACE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

SACHER, MARK
6883 S.E. 12TH CIRCLE
OCALA, FL 34480 US

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.

SIGNATURE: _____ 07/03/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SACHER, MARK
Address: 9315 SW 46TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SACHER, MARK
Address: 6883 S.E. 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK SACHER MGR 07/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date