2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007302

City-St-Zip:

Entity Name: COLUMBIA ANESTHESIA SERVICES, LLC

FILED Jan 31, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2914 N. BOULEVARD TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 2914 N. BOULEVARD TAMPA, FL 33602 FEI Number: 20-0721098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARPER, LEWIS W ESQ. PARADA, JAIRO O MD 12627 SAN JOSE BLVD., SUITE 302 2914 N. BOULEVARD JACKSONVILLE, FL 32223 TAMPA, FL 33602 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: JAIRO O. PARDA, MD 01/31/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PATTERSON, JAMES R M.D. Name: Name: 2914 N. BOULEVARD Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BATAS, VENERANDO I M.D. Name: Address: 2914 N. BOULEVARD Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGRM () Delete Title: MGR (X) Change () Addition PARADA, JAIRO O M.D. Name: PARADA, JAIRO O M.D. Name: Address: 2914 N. BOULEVARD Address: 2914 N. BOULEVARD City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 () Change (X) Addition Title: () Delete Title: MGRM DOMINGUEZ, ROBERTO V M.D. Name: Name: Address: Address: 2914 N. BOULEVARD

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

TAMPA, FL 33602

SIGNATURE: JAIRO O. PARADA, MD MGR 01/31/2005