2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# L04000025159

Entity Name: FLORIDA AMBULATORY ANESTHESIA, LLC

Current Principal Place of Business:

15761 CEDAR GROVE LANE
WELLINGTON, FL 33414

New Principal Place of Business:

1395 STATE ROAD 7
SUITE 100
WELLINGTON, FL 33414

Current Mailing Address:

15761 CEDAR GROVE LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 06-1721757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINBERGER, ROBERT M
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

SMITH, RONALD N
15761 CEDAR GROVE LANE
WELLINGTON, FL 33414 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: RONALD N SMITH 02/14/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SMITH, RONALD N MD, PA
Address: 15761 CEDAR GROVE LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RONALD N SMITH, MD, PA MGRM 02/14/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date