2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# L04000025159

Entity Name: FLORIDA AMBULATORY ANESTHESIA, LLC

Current Principal Place of Business:

1395 STATE ROAD 7
SUITE 100
WELLINGTON, FL 33414

New Principal Place of Business:

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:

SMITH, RONALD N
15761 CEDAR GROVE LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM ( ) Delete
Name: BHARDWAJ, NISHA MD, PA
Address: 11104 GREEN BAYBERRY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

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

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 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: RONALD N SMITH MGRM 01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date