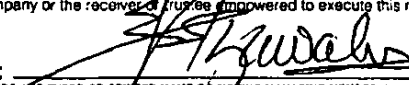


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
May 26, 2005 8:00 am
Secretary of State

05-06-2005 90027 035 ****50.00

DOCUMENT # L04000049725 1. Entity Name GULF COAST ANESTHESIA, L.L.C.					
Principal Place of Business 767 AIRPORT ROAD PANAMA CITY, FL 32405			Mailing Address 767 AIRPORT ROAD PANAMA CITY, FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRYANT, ROWLETT W 833 HARRISON AVENUE PANAMA CITY, FL 32401				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELZAWAHRY, JOAN M.D. 767 AIRPORT ROAD PANAMA CITY, FL 32405		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SURE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5/5/05 Daytime Phone (850)747-0400		

30007721



05052005 Chg-LLC CR2E083 (10/03)

4. FEI Number **73-1714108** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☐