2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000049725

1. Entity Name
GULF COAST ANESTHESIA, L.L.C.

Principal Place of Business	Mailing Address
767 AIRPORT ROAD PANAMA CITY, FL 32405	767 AIRPORT ROAD PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

04192006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-1714108	Not Applicable

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

6. Name and Address of Current Registered Agent

BRYANT, ROWLETT W
833 HARRISON AVENUE
PANAMA CITY, FL 32401

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ELZAWAHRY, JOAN M.D.
STREET ADDRESS	767 AIRPORT ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32405

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05/17/06-80128-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   5/1/06 (850) 747-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #