# 2007 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<br>PANAMA CITY, FL  32405 | 767 AIRPORT ROAD<br>PANAMA CITY, FL  32405 |

## DO NOT WRITE IN THIS SPACE

04302007 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

## DO NOT WRITE
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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, 2007**

### 9.          MANAGING MEMBERS/MANAGERS

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

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05/18/07-80112-024 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:** _____          4/30/07          (850)747-0400

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