2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# L04000059199

Entity Name: COUNTY ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

573 TIGERTAIL COURT
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

573 TIGERTAIL COURT
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 84-1654417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COVERT, NEIL R
311 PARK PLACE BOULEVARD
SUITE 360
CLEARWATER, FL 33759 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/MEMBERS:

Title: P ( ) Delete
Name: KOWALCZYK, WALLACE M
Address: 573 TIGERTAIL COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: KOWALCZYK, LINDY L
Address: 573 TIGERTAIL COURT
City-St-Zip: MARCO ISLAND, FL 34145

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: LINDY LOUISE KOWALCZYK MRG 05/06/2005

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