2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006
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 ( )**

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/MANAGERS:

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

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

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: LINDY LOUISE KOWALCZYK MGR 04/07/2006

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