2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

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Entity Name: MIAMI GABLES ANESTHESIA, L.L.C.

Current Principal Place of Business:

9350 SOUTH DIXIE HIGHWAY, SUITE 1500
C/O FRANK J. SEGREDO
MIAMI, FL 33156

New Principal Place of Business:

3100 DOUGLAS ROAD
CORAL GABLES HOSPITAL
CORAL GABLES, FL 33134

Current Mailing Address:

9350 SOUTH DIXIE HIGHWAY, SUITE 1500
C/O FRANK J. SEGREDO
MIAMI, FL 33156

New Mailing Address:

3100 DOUGLAS ROAD
CORAL GABLES HOSPITAL
CORAL GABLES, FL 33134

FEI Number: 20-1625017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGREDO, FRANK J
9350 SOUTH DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

PUENTE, JIM CPA
11120 N KENDALL DRIVE
SUITE 200
MIAMI, FL 33176 US

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: JIM PUENTE, CPA 03/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOERU, LAURENTIU M
Address: 7331 S.W. 123RD PLACE
City-St-Zip: MIAMI, FL 33183

Title: MGRM ( ) Delete
Name: GALLARDO, OMAR
Address: 1719 ORTEZ STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: MORALES-AGUILAR, FRANKLIN
Address: 13717 S.W. 14TH STREET
City-St-Zip: MIAMI, FL 33184

Title: MGRM ( ) Delete
Name: MARQUEZ, EMILIO
Address: 16470 N.E. 27TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

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

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

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: LAURENTIU M BOERU, MD MGRM 03/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date