

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066757

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

3100 DOUGLAS ROAD
CORAL GABLES HOSPITAL
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3100 DOUGLAS ROAD
CORAL GABLES HOSPITAL
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1625017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUENTE, JIM CPA
11120 N KENDALL DRIVE
SUITE 200
MIAMI, FL 33176 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: 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 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: OMAR GALLARDO

MGRM

01/19/2009

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