

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074378

Entity Name: JEM ANESTHESIA SERVICES, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

247 CORNELL ROAD
VENICE, FL 34293

New Principal Place of Business:

801 KALLI CREEK LANE
ST AUGUSTINE, FL 32080

Current Mailing Address:

74 GILCREAST ROAD
P.O. BOX 1330
LONDONDERRY, NH 03053

New Mailing Address:

801 KALLI CREEK LANE
ST AUGUSTINE, FL 32080

FEI Number: 20-1743055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, STEVEN
247 CORNELL ROAD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

CECIL, NANCY S EA
80 MARKLAND PLACE
E
ST AUGUSTINE, FL 32080 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: NANCY S CECIL, EA

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MARTIN, JEFFREY E
Address: 74 GILCREAST ROAD, P.O. BOX 1330
City-St-Zip: LONDONDERRY, NH 03053

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARTIN, JEFFREY E
Address: 801 KALLI CREEK LANE
City-St-Zip: ST AUGUSTINE, FL 32080

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: JEFFREY E MARTIN

MGR

04/28/2005

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