

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077640

Entity Name: MRM ANESTHESIA, LLC

FILED
Mar 24, 2005
Secretary of State

Current Principal Place of Business:

502 SOUTH FREMONT AVENUE
602
TAMPA, FL 33606

New Principal Place of Business:

502 SOUTH FREMONT AVENUE
332
TAMPA, FL 33606

Current Mailing Address:

502 SOUTH FREMONT AVENUE
602
TAMPA, FL 33606

New Mailing Address:

502 SOUTH FREMONT AVENUE
332
TAMPA, FL 33606

FEI Number: 90-0215619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARANT, MICHELE
502 SOUTH FREMONT AVENUE
602
TAMPA, FL, FL 33606 US

Name and Address of New Registered Agent:

MARANT, MICHELE
502 SOUTH FREMONT AVENUE
332
TAMPA, FL, FL 33606 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: MICHELE MARANT

03/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MARANT, MICHELE
Address: 502 S FREMONT AVE #332
City-St-Zip: TAMPA, FL 33606

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: MICHELE MARANT

MGR

03/24/2005

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