2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L04000085582

Entity Name: FLORIDA ANESTHESIA & PAIN MANAGEMENT ASSOCIATES LLC

Current Principal Place of Business:

2699 LEE ROAD, SUITE 100
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2699 LEE ROAD, SUITE 100
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-2850041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802 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: MGR ( ) Delete
Name: SANDROP, BENJAMIN
Address: 1950 LEO ROAD, SUITE 209
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BAJAJ, SANDEEP
Address: 1950 LEE ROAD, SUITE 209
City-St-Zip: WINTER PARK, FL 32789

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: SANDEEP BAJAJ MGR 04/28/2006

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