

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085582

FILED  
Apr 26, 2007  
Secretary of State

**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:**

483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32791

**Current Mailing Address:**

2699 LEE ROAD, SUITE 100  
WINTER PARK, FL 32789

**New Mailing Address:**

483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32791

**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:**

SWANN & HADLEY, PA  
1031 WEST MORSE BLVD  
SUITE 350  
WINTER PARK, FL 32789 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: RICHARD R. SWANN

04/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEALTH CARE SERVICES, OF FLORIDA, L L C  
Address: 483 N. SEMORAN BLVD, SUITE 204  
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGE

CFO

04/26/2007

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