2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L04000085582

Entity Name: FLORIDA ANESTHESIA & PAIN MANAGEMENT ASSOCIATES LLC

Current Principal Place of Business:

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

New Principal Place of Business:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32791

Current Mailing Address:

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

New Mailing Address:

483 N. SEMORAN BLVD
SUITE 205
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:

SWANN & HADLEY, PA
1031 WEST MORSE BLVD
SUITE 350
WINTER PARK, FL 32789 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: HEALTH CARE SERVICES, OF FLORIDA, L L C
Address: 483 N. SEMORAN BLVD, SUITE 204
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HEALTH CARE SERVICES, OF FLORIDA, L L C
Address: 483 N. SEMORAN BLVD, SUITE 205
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 04/30/2008

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