2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L04000088990

Entity Name: JAYCO ANESTHESIA SERVICE, L.L.C.

Current Principal Place of Business:

4411 BEE RIDGE ROAD, #420
420
SARASOTA, FL 34233

New Principal Place of Business:

7449 ROEBELENII COURT
SARASOTA, FL 34241

Current Mailing Address:

4411 BEE RIDGE ROAD, #420
420
SARASOTA, FL 34233

New Mailing Address:

7449 ROEBELENII COURT
420
SARASOTA, FL 34241

FEI Number: 26-0102887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: JABARI, JAWANZA N MRG
Address: 4411 BEE RIDGE ROAD, #420
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JABARI, JAWANZA N MRG
Address: 7449 ROEBELENII COURT
City-St-Zip: SARASOTA, FL 34241

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: JAWANZA N. JABARI MRG 04/29/2007

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