


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90062 027 ****50.00

DOCUMENT # L05000001668					
1. Entity Name TANNER ANESTHESIA, LLC					
Principal Place of Business 14050 W. SANDDOLLAR LANE CRYSTAL RIVER, FL 34429 US			Mailing Address 14050 W. SANDDOLLAR LANE CRYSTAL RIVER, FL 34429 US		
2. Principal Place of Business 14046 W Siren Ct Suite, Apt. #, etc.		3. Mailing Address 14046 W Siren Ct Suite, Apt. #, etc.			
City & State Crystal River FL Zip 34429		City & State Crystal River FL Zip 34429		4. FEI Number 01092006 Chg-LLC CR2E083 (11/05)	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TANNER, SCOTT L 14050 W. SANDDOLLAR LANE CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name <u>Scott L Tanner</u> Street Address (P.O. Box Number is Not Acceptable) 14046 W Siren Ct City <u>Crystal River</u> <u>FL</u> Zip Code <u>34429</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Scott L Tanner</u> <u>Scott L Tanner</u> <u>1-11-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TANNER, SCOTT L 14050 W. SANDDOLLAR LANE CRYSTAL RIVER, FL 34429		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Scott L Tanner</u> <u>Scott L Tanner</u>			Date <u>1-11-06</u>		Daytime Phone # <u>863 446 0950</u>