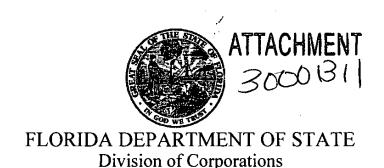
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State 02-10-2006 90171 030 ****50.00

DOCUMENT # L05000019122 1. Entity Name METROPOLITAN ANESTHESIA GROUP, P.L.							02 10 200		20.00
Principal Place of Business 1300 NORTH LAWAWOOD CIRCLE FT. PIERCE, FL 34950			Mailing Address 1300 NORTH LAWNWOOD CIRCLE FT. PIERCE, FL 34950						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01312006	5	CR2E083 (11/0	5)
City & State			City & State		4 FEI Numt	1421981	· -	Applied For Not Applicable	
Zip			Zip			S. Certificate of Status Desired			
6. Name and Address of Current f			Registered Agent	agistered Agent Name		7. Name an	d Address of New Re	gistered Agent	
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410						s (P.O. Box Numi	ber is Not Acceptable)		
₹					City			FL Zip C	ode
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 Signature, typed or printed man e of registered agains and line 4 applicable. (NOTE: Registered Again's agreebure required when rematering) DATE -									
FI	iling Fee i	is \$50.00						check payable to Department of St	
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES	·
TITLE	MGRM			TITL				☐ Chang	Addition
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CITY-SI-ZIP					-ST-ZIP				
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indicated	on this repo	et is true and accurate and i	this filing does not qualify to that my signature shall have e empowered to execute this	the sam	e legal effect as i	if made under oat apter 608, Florida	th; that I am a managir i Statutes.	neg member or mana	ger of the



February 14, 2006

METROPOLITAN ANESTHESIA GROUP, P.L. 1300 NORTH LAWNWOOD CIRCLE FT. PIERCE, FL 34950

Subject: METROPOLITAN ANESTHESIA GROUP, P.L.

Reference Number:

L05000019122

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION