

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.					
Principal Place of Business 1300 NORTH LAWNWOOD CIRCLE FT. PIERCE, FL 34950			Mailing Address 1300 NORTH LAWNWOOD CIRCLE FT. PIERCE, FL 34950		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">30001311</div> <div style="font-size: 10px; margin-top: 10px;"> 01312006 Chg-LLC CR2E083 (11/05) </div>	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <div style="font-size: 18px; font-weight: bold;">20-2421981</div>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and (see if applicable) (NOTE: Registered Agent signature required when removing)</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	MGRM KATTA, JOSEPH 1300 NORTH LAWNWOOD CIRCLE FT. PIERCE, FL 34950 <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	MGRM KORLIPARA, ANJANAYA P 1300 NORTH LAWNWOOD CIRCLE FT. PIERCE, FL 34950 <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		
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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 606, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<div style="font-size: 18px; font-weight: bold;">2/7/06</div> <small>Date</small>		<div style="font-size: 18px; font-weight: bold;">772 429 5201</div> <small>Daytime Phone</small>	



ATTACHMENT
3000311

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 **has not been filed** 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