

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019122

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: METROPOLITAN ANESTHESIA GROUP, P.L.

**Current Principal Place of Business:**

1331 NORTH LAWNWOOD CIRCLE  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2474  
FT. PIERCE, FL 349542474

**New Mailing Address:**

FEI Number: 20-2421981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATTA, JOSEPH J MD  
1331 NORTH LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950 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: MGRM ( ) Delete  
Name: KATTA, JOSEPH  
Address: 1331 NORTH LAWNWOOD CIRCLE  
City-St-Zip: FT. PIERCE, FL 34950

Title: MGRM ( ) Delete  
Name: KORLIPARA, ANJANAYA P  
Address: 1331 NORTH LAWNWOOD CIRCLE  
City-St-Zip: FT. PIERCE, FL 34950

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH J KATTA, MD

MGRM

01/11/2008

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