

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019122

FILED
Jan 27, 2009
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: A. PRASAD KORLIPARA

PRES

01/27/2009

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