2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000046891

Entity Name: ANESTHESIA SIMPLIFIED, LLC

Current Principal Place of Business:

12016 WANDSWORTH DR.
TAMPA, FL 33626 US

New Principal Place of Business:

23540 SR 54
LUTZ, FL 33559 US

Current Mailing Address:

12016 WANDSWORTH DR.
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 01-0834724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLINO, PAULA M
12016 WANDSWORTH DR
TAMPA, FL 33626 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: MGR ( ) Delete
Name: BELLINO, PAULA M
Address: 12016 WANDSWORTH DR.
City-St-Zip: TAMPA, FL 33626 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: RIVERA, ABRAHAM
Address: 16151 COLCHESTER PALMS DRIVE
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULA BELLINO MGR 04/18/2006

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