

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057102

FILED
Apr 10, 2006
Secretary of State

Entity Name: ANESTHESIOLOGY ON CALL L.L.C.

Current Principal Place of Business:

2619 BROOKER TRACE W
VALRICO, FL 33594

New Principal Place of Business:

2619 BROOKER TRACE LN
VALRICO, FL 33594

Current Mailing Address:

2619 BROOKER TRACE W
VALRICO, FL 33594

New Mailing Address:

2619 BROOKER TRACE LN
VALRICO, FL 33594

FEI Number: 20-0276410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, SOCRATES R
2619 BROOKER TRACE W
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

FRANCIS, SOCRATES R
2619 BROOKER TRACE LN
VALRICO, FL 33594 US

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:

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRANCIS, SOCRATES R
Address: 2619 BROOKER TRACE W
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRANCIS, SOCRATES R
Address: 2619 BROOKER TRACE LN
City-St-Zip: VALRICO, FL 33594

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: SOCRATES R. FRANCIS

MGR

04/10/2006

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