2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000060777

Entity Name: MONITORED ANESTHESIA CARE COURSES LLC

Current Principal Place of Business:

210 S. WOODLYNNE AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

210 S. WOODLYNNE AVE.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-3061745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, SILVIA R
210 S. WOODLYNNE AVE.
TAMPA, FL 33609 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: BOYD, SILVIA R
Address: 210 S. WOODLYNNE AVE.
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete
Name: SCHEIGER, JOHN E M.D.
Address: 10722 LAKE ALICE COVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BOYD, SILVIA R DDS
Address: 210 S. WOODLYNNE AVE.
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Change ( ) Addition
Name: SCHWEIGER, JOHN E M.D.
Address: 10722 LAKE ALICE COVE
City-St-Zip: ODESSA, FL 33556

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: SILVIA R. BOYD MANA 04/28/2006

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