2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2007
Secretary of State

DOCUMENT# L05000064353

Entity Name: LIGHTS OUT ANESTHESIA, LLC

Current Principal Place of Business:

733 SOUTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

125 ELLINGTON PLACE
OVIEDO, FL 32765

Current Mailing Address:

733 SOUTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

New Mailing Address:

125 ELLINGTON PLACE
OVIEDO, FL 32765

FEI Number: 20-3119556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAY, ROBERT R II
733 SOUTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RAY, ROBERT R II
125 ELLINGTON PLACE
OVIEDO, FL 32765 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: ROBERT R RAY II 07/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: RAY, ROBERT R II
Address: 733 SOUTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: RAY, ROBERT R II
Address: 125 ELLINGTON PLACE
City-St-Zip: OVIEDO, FL 32765

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: ROBERT R RAY II CEO 07/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date