

FILED
Jun 26, 2006 8:00 am
Secretary of State

03-27-2006 90047 046 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000081310

1. Entity Name
COCA SABAL ANESTHESIA, LLC



Principal Place of Business
6171 MID METRO DR #2
FT. MYERS, FL 33905

Mailing Address
6171 MID METRO DR #2
FT. MYERS, FL 33905

30011256



2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

02220008 Ctg-LLC CRF0003 (11/06)

City & State

City & State

4. EIN Number
60-3399073

Applying for
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSHBAUGH, TROY A EBO
GRAYROBINSON, P.A.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above parties hereby submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature must be printed and accompanied by name and title of signatory.

2005 Renewal Agreement required when changing

Date

Filing Fee to \$85.00
Due by May 1, 2006

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS				ADDITIONS/CHANGES			
NAME	DATE	TYPE	STATUS	NAME	DATE	TYPE	STATUS
1001	01/01/06	01/01/06	01/01/06	1001	01/01/06	01/01/06	01/01/06
1002	01/01/06	01/01/06	01/01/06	1002	01/01/06	01/01/06	01/01/06
1003	01/01/06	01/01/06	01/01/06	1003	01/01/06	01/01/06	01/01/06
1004	01/01/06	01/01/06	01/01/06	1004	01/01/06	01/01/06	01/01/06
1005	01/01/06	01/01/06	01/01/06	1005	01/01/06	01/01/06	01/01/06
1006	01/01/06	01/01/06	01/01/06	1006	01/01/06	01/01/06	01/01/06
1007	01/01/06	01/01/06	01/01/06	1007	01/01/06	01/01/06	01/01/06
1008	01/01/06	01/01/06	01/01/06	1008	01/01/06	01/01/06	01/01/06
1009	01/01/06	01/01/06	01/01/06	1009	01/01/06	01/01/06	01/01/06
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1107	01/01/06	01/01/06	01/01/06	1107	01/01/06	01/01/06	01/01/06
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1111	01/01/06	01/01/06	01/01/06	1111	01/01/06	01/01/06	01/01/06
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1121	01/01/06	01/01/06	01/01/06	1121	01/01/06	01/01/06	01/01/06
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1123	01/01/06	01/01/06	01/01/06	1123	01/01/06	01/01/06	01/01/06</

Issued EIN

ATTACHMENT

30011256
#105000081310

Page 1 of 1



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Coca Sabal Anesthosa 111

Federal Tax ID / EIN

This is your provisional Employer Identification Number.



20-3399073

Today's Date Is: September 01, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Print Form SS-4](#) [Print Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

ATTACHMENT



30011254
~~#L05000081310~~

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2006

COCA SABAL ANESTHESIA, LLC
6171 MID METRO DR #2
FT. MYERS, FL 33905

Subject: COCA SABAL ANESTHESIA, LLC

Reference Number: L05000081310

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

20-3399073 is correct

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314