2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# L05000098027

Entity Name: CAPITAL CITY ANESTHESIA, LLC

Current Principal Place of Business:

3640 MOSSY CREEK LANE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3640 MOSSY CREEK LANE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 20-3593176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOETHE, ROBERT C
3640 MOSSY CREEK LANE
TALLAHASSEE, FL 32311 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: GOETHE, ROBERT C MD
Address: 3640 MOSSY CREEK LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM ( ) Delete
Name: BIDWELL, PATRICE T MD
Address: 912 HILLCREST CR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

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

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

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: ROBERT C GOETHE MGRM 02/01/2007

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