


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90180 020 ***138.75

DOCUMENT # L05000104009		
1. Entity Name CAPE CORAL ANESTHESIA SERVICES, LLC		

Principal Place of Business 6981 LAKE DEVONWOOD DRIVE FORT MYERS, FL 33908	Mailing Address 6981 LAKE DEVONWOOD DRIVE FORT MYERS, FL 33908
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREEN, BRUCE D 1520 ROYAL PALM SQUARE BOULEVARD STE 320 FORT MYERS, FL 33919		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

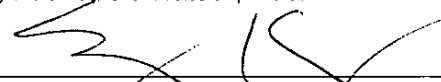
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAGAN, ELIZABETH P ESQ 6981 LAKE DEVONWOOD DRIVE FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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  **1/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #