

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000109419

FILED
Feb 26, 2006
Secretary of State

Entity Name: ANESTHESIA CONCEPTS, L.L.C.

Current Principal Place of Business:

5155 DEESON POINTE COURT
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91713
LAKELAND, FL 33804

New Mailing Address:

5337 N. SOCRUM LOOP RD #346
LAKELAND, FL 33809

FEI Number: 20-3789873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOVIAK, RICHARD J II
5155 DEESON POINTE COURT
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

HALL, KIMBERLY
5155 DEESON POINTE COURT
LAKELAND, FL 33805 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: KIMBERLY HALL

02/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOVIAK, RICHARD J II
Address: 5155 DEESON POINTE COURT
City-St-Zip: LAKELAND, FL 33805

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: HALL, KIMBERLY
Address: 5155 DEESON POINTE COURT
City-St-Zip: LAKELAND, FL 33805

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: RICHARD DOVIAK

MGR

02/26/2006

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