2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L05000109419

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:

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

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:

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

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

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: KIMBERLY HALL MGRM 01/15/2007

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