


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90193 045 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                    |                                                                                                                                                                                                                                       |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000122925</b><br>1. Entity Name<br><b>MIAMI ANESTHESIA, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                    |                                                                                                                                                                                                                                       |  |  |
| Principal Place of Business<br><b>6171 MID METRO DRIVE, #2</b><br><b>FT. MYERS, FL 33905</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                                                    | Mailing Address<br><b>6171 MID METRO DRIVE, #2</b><br><b>FT. MYERS, FL 33905</b>                                                                                                                                                      |                                                                                   |  |
| 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                                                                                                                                                                                                                               |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KISHBAUGH, TROY A ESQ.</b><br><b>C/O GRAYROBINSON, P.A.</b><br><b>301 EAST PINE STREET, SUITE 1400</b><br><b>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                                    |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 | <b>Make check payable to</b><br><b>Florida Department of State</b> |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                    | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGR</b><br><b>DIGBY, VICKI</b><br><b>6171 MID METRO DR #2</b><br><b>FORT MYERS, FL 33912</b> | <input type="checkbox"/> Delete                                    |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | <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. |                                                                                                 |                                                                    |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>SIGNATURE:</b> <u><i>Vicki Digby</i></u> <u>2-15-07</u> <u>239 278 9950</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                    |                                                                                                                                                                                                                                       |                                                                                   |  |