2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000122925

1. Entity Name
MIAMI ANESTHESIA, LLC

Principal Place of Business	Mailing Address
6241 ARC WAY	6241 ARC WAY
FT. MYERS, FL 33966	FT. MYERS, FL 33966

DO NOT WRITE IN THIS SPACE

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01092008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4300586	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KISHBAUGH, TROY A ESQ.
C/O GRAYROBINSON, P.A.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIGBY, VICKI
STREET ADDRESS	6171 MID METRO DR #2
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Vicki K Digby_   1-30-08   2392789...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #