JUN. 6.2007 9:17AM MORRIS LAW FIRM

FILED
Jul 05, 2007 8:00 am
Secretary of State
04-27-2007 90034 004 ****50.00

4/27/7

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000027434

1. Entity Name
ANESTHESIA BUSINESS SOLUTIONS REALTY, L.L.C.

30011430

04242007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
5020 WEST CYPRESS STREET, SUITE 200 TAMPA, FL 33607	5020 WEST CYPRESS STREET, SUITE 200 TAMPA, FL 33607

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5404 Hoover Blvd	Same
Suite, Apt. #, etc.: #20	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33634 County: Hillsborough	Zip Country

4. FEI Number: 56-2566216 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, ROBERT E
5020 WEST CYPRESS STREET, SUITE 200
TAMPA, FL 33607

7. Name and Address of New Registered Agent

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 ______________________ Date ______
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anesthesia Business Solutions 5404 Hoover Blvd #20 Tampa FL 33634 MGMR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carol Katz 8508 Heyward Rd MGMR Tampa FL 33635	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Carol Katz 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Carol Katz 7/2/07