2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# L06000028508

Entity Name: BOCA RATON AMBULATORY ANESTHESIA SERVICES II, P.L.

Current Principal Place of Business:

406 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

406 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-4530431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNOFF, BYRON
406 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442 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:	RAMOS, ALFREDO M.D	
Address:	406 SW 12TH AVENUE.	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	CASTENHOTZ, RAYMOND H M.D.	
Address:	406 SW 12TH AVENUE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	LUCK, GEORGE R M.D.	
Address:	406 SW 12TH AVENUE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	FRANKLE, ALAN M.D.	
Address:	406 SW 12TH AVENUE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	MILSTEIN, STEVEN M.D.	
Address:	406 SW 12TH AVENUE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	GARCIA-DORTA, FERNANDO M.D.	
Address:	406 SW 12TH AVENUE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: BYRON TURNOFF MR 02/18/2008

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