2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L06000033737

Entity Name: NEW CREATION ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

5250 N. OCEAN DR. SUITE 4N
SINGER ISLAND, FL 33404

New Principal Place of Business:

5250 N. OCEAN DR.
#4N
SINGER ISLAND, FL 33404

Current Mailing Address:

5250 N. OCEAN DR. SUITE 4N
SINGER ISLAND, FL 33404

New Mailing Address:

5250 N. OCEAN DR.
#4N
SINGER ISLAND, FL 33404

FEI Number: 42-1706773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, W. KEN
5250 N. OCEAN DR. SUITE 4N
SINGER, FL 33404 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: SMITH, W. KEN
Address: 5250 N. OCEAN DR. SUITE 4N
City-St-Zip: SINGER ISLAND, FL 33404

ADDITIONS/CHANGES:

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: W. KEN SMITH MGR 02/06/2007

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