

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

04-27-2007 90033 038 ****50.00

DOCUMENT # L06000059096

1. Entity Name
ASC ANESTHESIA SERVICES, L.L.C.



Principal Place of Business
**2631-B NW 41ST STREET
GAINESVILLE, FL 32606**

Mailing Address
**2631-B NW 41ST STREET
GAINESVILLE, FL 32606**

30010901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5031256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWNEY, KEVIN I
2631-B NW 41ST STREET
GAINESVILLE, FL 32606**

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**Gregory D. Snodgrass, MD
Manager
708 East University Avenue
Gainesville, FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**Kyle Balch, MD
Manager
6717 NW 11th Place, Suite A
Gainesville, FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

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CITY-ST- ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST- ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #