


**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90119 025 \*\*\*143.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L06000059096</b>   |   |   |   |
| 1. Entity Name<br>ASC ANESTHESIA SERVICES, L.L.C.  |   |  |   |
| Principal Place of Business<br>2631-B NW 41ST STREET<br>GAINESVILLE, FL 32606  |   | Mailing Address<br>2631-B NW 41ST STREET<br>GAINESVILLE, FL 32606  |   |
| 2. Principal Place of Business - No P.O. Box #<br>6717 NW 11th Place<br>Suite, Apt. #, etc.<br>Suite A<br>City & State<br>Gainesville, Florida<br>Zip<br>32605 USA   |   | 3. Mailing Address<br>6717 NW 11th Place<br>Suite, Apt. #, etc.<br>Suite A<br>City & State<br>Gainesville, Fl<br>Zip<br>32605 USA  |   |
| 4. FEI Number<br>20-5031256  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |   | 01242008 Chg-LLC CR2E083 (12/06)   |   |
| 6. Name and Address of Current Registered Agent<br>DOWNEY, KEVIN I<br>2631-B NW 41ST STREET<br>GAINESVILLE, FL 32606   |   | 7. Name and Address of New Registered Agent<br>Name<br>Annette Egan<br>Street Address (P.O. Box Number is Not Acceptable)<br>6717 NW 11th Place,<br>Suite A<br>City<br>Gainesville, Florida FL Zip Code<br>32605 |   |
| 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.<br>SIGNATURE <u>Annette Egan - Annette Egan, Office Manager</u> DATE <u>1-24-08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                           |   |  |   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SNODGRASS, GREGORY D MD<br>708 E UNIVERSITY AVE<br>GAINESVILLE, FL 32601 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Catlin, Jeffrey R MD<br>6717 NW 11th Place, #A<br>Gainesville, Fl 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BALCH, KYLE MD<br>6717 NW 11TH PL STE A<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u>  |   | Date <u>1/30/08</u>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   | <small>Date Daytime Phone #</small>  |   |

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