

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

**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**

**60006102**



2. Principal Place of Business - No P.O. Box #  
**6717 NW 11th Place**

3. Mailing Address  
**6717 NW 11th Place**

Suite, Apt. #, etc.  
**Suite A**

Suite, Apt. #, etc.  
**Suite A**

City & State  
**Gainesville, Florida**

City & State  
**Gainesville, FL**

Zip  
**32605**

Zip  
**32605**

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5031256**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ X

**\$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  
**Annette Egan**

Street Address (P.O. Box Number is Not Acceptable)  
**6717 NW 11th Place,**

**Suite A**

City  
**Gainesville, Florida** **FL** Zip Code  
**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.

SIGNATURE Annette Egan - Annette Egan, Office Manager  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-24-08  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SNODGRASS, GREGORY D MD  
708 E UNIVERSITY AVE  
GAINESVILLE, FL 32601** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BALCH, KYLE MD  
6717 NW 11TH PL STE A  
GAINESVILLE, FL 32605** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Catlin, Jeffrey R MD  
6717 NW 11th Place, #A  
Gainesville, FL 32605** ☐ Change ☒ Addition

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

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

TITLE  
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NAME  
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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

1/30/08

Date Daytime Phone #