

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085891

FILED
Mar 20, 2007
Secretary of State

Entity Name: ADVANCED ANALGESIA AND ANESTHESIOLOGY PLLC

Current Principal Place of Business:

2073 COMMONWAY ROAD
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

2073 COMMONWAY ROAD
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 56-2594285 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GERNERT, JOHN O'DELL
2073 COMMONWAY ROAD
ORLANDO, FL 32814 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: MGRM () Delete
Name: GERNERT, JOHN O'DELL
Address: 2073 COMMONWAY ROAD
City-St-Zip: ORLANDO, FL 32814

Title: MGRM () Delete
Name: GERNERT, KIMBERLEY REED
Address: 2073 COMMONWAY ROAD
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES:

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 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: JOHN O. GERNERT

MGRM

03/20/2007

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