FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90462 023 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

40037514

DOCUMENT # L06000091080

1. Entity Name
BRANDON ANESTHESIA ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
5620 EAST FOWLER AVENUE, SUITE C TAMPA, FL 33617	5620 EAST FOWLER AVENUE, SUITE C TAMPA, FL 33617

03052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
~~Medical Group Services, Inc~~	P.O. Box 8036
Suite, Apt. #, etc. 2810 W. St Isabel St. #201	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip / Country 33607 / USA	Zip / Country 33674 / USA

4. FEI Number 59-3348690 ☐ Applied For ☐ Not Applicable

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
GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACOSTA, JORGE L M.D. 5620 EAST FOWLER AVENUE, SUITE C TAMPA, FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KRAMER, DANIEL D.O. 5620 EAST FOWLER AVENUE, SUITE C TAMPA, FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD. Acosta, Jorge, M.D. 2810 W. St. Isabel St. #201 Tampa, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Kramer, Daniel, D.O. 2810 W. St. Isabel St. #201 Tampa, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: Calvin Kim, M.D. CALVIN KIM, M.D. 3/14/07 813-571-5130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #