

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107440

FILED
Apr 15, 2008
Secretary of State

Entity Name: HALLANDALE OUTPATIENT ANESTHESIA GROUP, LLC

Current Principal Place of Business:

815 S.E. 1ST AVENUE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

815 S.E. 1ST AVENUE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 20-5786976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: SCHWARTZ, MARK
Address: 815 S.E. 1ST AVENUE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK SCHWARTZ

PRES

04/15/2008

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