2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L06000114004

Entity Name: ANESTHESIA COOPERATIVE OF THE PANHANDLE, PLLC

Current Principal Place of Business:

1016 SHALIMAR DRIVE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

1315 EAST LAKEVIEW AVENUE
PENSACOLA, FL 32503 US

Current Mailing Address:

1016 SHALIMAR DRIVE
TALLAHASSEE, FL 32312 US

New Mailing Address:

1315 EAST LAKEVIEW AVENUE
PENSACOLA, FL 32503 US

FEI Number: 20-5972777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, DONALD L
1016 SHALIMAR DRIVE
TALLAHASSEE, FL 32312 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: HASS, WILLIAM H M.D.
Address: 1016 SHALIMAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HASS, WILLIAM H M.D.
Address: 1315 EAST LAKEVIEW AVENUE
City-St-Zip: PENSACOLA, FL 32503 US

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: DONALD L BELL ATTY 04/14/2008

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