
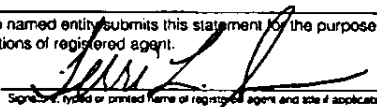
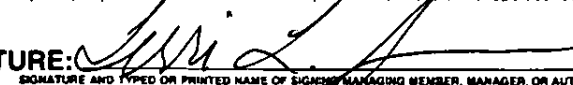


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90005 030 \*\*\*138.75

<b>DOCUMENT # L06000121578</b> 1. Entity Name <b>SKETER ANESTHESIA, LLC</b>					
Principal Place of Business <b>2401 PALM HARBOR DRIVE FT. WALTON BEACH, FL 32547</b>			Mailing Address <b>2401 PALM HARBOR DRIVE FT. WALTON BEACH, FL 32547</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>20-8269550</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SKEHAN, TERRI L 2401 PALM HARBOR DRIVE FT. WALTON BEACH, FL 32547</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>7-9-08</b> <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SKEHAN, TERRI L 2401 PALM HARBOR DRIVE FT. WALTON BEACH, FL 32547</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date <b>8-8-08</b> Daytime Phone # <b>850-420-4396</b>	

ATTACHMENT  
30010865  
LAURA ROESCH, CPA, PLLC

July 9, 2008

Florida Department of State  
P. O. Box 6478  
Tallahassee, FL 32314

Re: Sketer Anesthesia, LLC  
EIN 20-8269550

Dear Sir or Madam,

We respectfully request an abatement of penalties for Sketer Anesthesia, LLC, for late filing the Corporation Annual Report. Ms. Terri Skehan of Sketer Anesthesia, LLC, thought she had filed the report on line and was surprised to receive your notice of intent to dissolve the LLC.

Ms. Skehan's renewal form is attached with the payment. We appreciate your assistance in this matter.

Please do not hesitate to contact us if you have any further questions.

Sincerely,



Laura Roesch, CPA, PLLC