**FILED**
**Apr 07, 2008 8:00 am**
**Secretary of State**
02-21-2008 90066 026 ***138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000023441

1. Entity Name
ANESTHESIA CONSULTANTS OF CENTRAL FLORIDA, LLC

30003349

| Principal Place of Business | Mailing Address |
|---|---|
| 2400 DUNDEE ROAD<br>WINTER HAVEN, FL 33881 | 2400 DUNDEE ROAD<br>WINTER HAVEN, FL 33881 |

01142008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-8588338 ☐ 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 |
|---|---|
| VILLARREAL, JORGE R<br>120 WYNDHAM DRIVE<br>WINTER HAVEN, FL 33884 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Jorge Villarreal<br>2400 Dundee Road<br>Winter Haven, FL 33884 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pablo Linares<br>2400 Dundee Road<br>Winter Haven, FL 33884 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Don Mathow<br>2400 Dundee Road<br>Winter Haven, FL 33884 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Miriam Simon<br>2400 Dundee Road<br>Winter Haven, FL 33884 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President ☐ 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:** Jorge Villarreal MD 2-18-08 (863) 293-84[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #