

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030114

FILED
May 14, 2008
Secretary of State

Entity Name: STEARNS ANESTHESIA SERVICES, PL

Current Principal Place of Business:

11915 N.W. 11TH PLACE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

320 LARGOVISTA DRIVE
OAKLAND, FL 34787 US

Current Mailing Address:

11915 N.W. 11TH PLACE
GAINESVILLE, FL 32606 US

New Mailing Address:

320 LARGOVISTA DRIVE
OAKLAND, FL 34787 US

FEI Number: 20-8743560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: STEARNS, KATHY
Address: 11915 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEARNS, KATHY
Address: 320 LARGOVISTA DRIVE
City-St-Zip: OAKLAND, FL 34787 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: KATHY STEARNS

PRES

05/14/2008

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