

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036141

**FILED**  
**Jan 04, 2008**  
**Secretary of State**

**Entity Name:** EXCEL ANESTHESIA CONSULTANTS, LLC

**Current Principal Place of Business:**

10475 CENTURION PARKWAY NORTH, STE. 101  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10475 CENTURION PARKWAY NORTH, STE. 101  
JACKSONVILLE, FL 32256

**New Mailing Address:**

10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256

FEI Number: 20-8800469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPONGEMAN, BARBARA  
10475 CENTURION PARKWAY NORTH, STE. 101  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

SPENGEMAN, BARBARA M DR.  
10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256 US

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: BARBARA M. SPENGEMAN, M.D.

01/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: SPENGEMAN, BARBARA M DR.  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP ( ) Change (X) Addition  
Name: GLOERSEN, PETER F DR.  
Address: 10475 CENTURION PARKWAY NORTH  
City-St-Zip: JACKSONVILLE, FL 32256 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: PETER F. GLOERSEN, M.D.

VP

01/04/2008

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