

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062019

FILED
Jan 22, 2008
Secretary of State

Entity Name: SOUTH FLORIDA ANESTHESIA NETWORK, LLC

Current Principal Place of Business:

C/O FRANK, WEINBERG & BLACK, P.L.
7805 SW 6TH COURT
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

C/O FRANK, WEINBERG & BLACK, P.L.
7805 SW 6TH COURT
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A ESQ.
C/O FRANK WEINBERG & BLACK, P.L.
7805 SW 6TH COURT
PLANTATION, FL 33324 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: WARDLOW, CHARLES H
Address: 7805 SW 6TH COURT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES H. WARDLOW MGRM 01/22/2008

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