

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099172

FILED
Apr 09, 2008
Secretary of State

Entity Name: JUPITER ANESTHESIA ASSOCIATES, L.L.C.

Current Principal Place of Business:

1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 26-1150385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTUS, JAY A
1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323 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: D () Delete
Name: EISENBERG, MITCHELL
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: COWARD, ROBERT
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: GOLD, LEWIS
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

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

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

ADDITIONS/CHANGES:

Title: DCEO (X) Change () Addition
Name: EISENBERG, MITCHELL
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: DCFO (X) Change () Addition
Name: COWARD, ROBERT
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: DP (X) Change () Addition
Name: GOLD, LEWIS
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: SVPS () Change (X) Addition
Name: MARTUS, JAY
Address: 1613 N HARRISON PARKWAY SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: SVP () Change (X) Addition
Name: DROZDOW, GILBERT
Address: 1613 N HARRISON PARKWAY SUITE 200
City-St-Zip: SUNRISE, FL 33323

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: JAY A. MARTUS

SVPS

04/09/2008

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