2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L07000127669

Entity Name: SOUTHEAST ANESTHESIA AND PAIN MEDICINE, LLC

Current Principal Place of Business:

5622 MARINE PKWY
STE 18
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

19260 FISHERMANS BEND DRIVE
LUTZ, FL 33558

New Mailing Address:

P O BOX 158
LUTZ, FL 33548

FEI Number: 26-1671115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZHU, HUI
19260 FISHERMANS BEND DRIVE
LUTZ, FL 33558 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: MGR ( ) Delete
Name: ZHU, HUI MD
Address: 19260 FISHERMANS BEND DRIVE
City-St-Zip: LUTZ, FL 33558

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: HUI ZHU MGRM 05/02/2008

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