2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002983

Entity Name: GULFSTREAM ANESTHESIA GROUP, LLC

FILED Mar 15, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2140 WEST 68TH STREET, SUITE 300-305 HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

2140 WEST 68TH STREET, SUITE 300-305 HIALEAH, FL 33016

FEI Number: 32-0229760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MADERAL, FRANCISCO R 2140 W 68 STREET #305 HIALEAH, FL 33016 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: MADERAL, FRANCISCO R

Address: 2140 WEST 68TH STREET, SUITE 300-305

City-St-Zip: HIALEAH, FL 33016

Title: MGRM

Name: PINA, VICTOR M

Address: 2140 WEST 68TH STREET, SUITE 300-305

City-St-Zip: HIALEAH, FL 33016

Title: MGRM

Name: PADILLA, VICTOR M

Address: 2140 WEST 68TH STREET, SUITE 300-305

City-St-Zip: HIALEAH, FL 33016

Title: MGRM Name: AVILA, MARK S

Address: 2140 WEST 68TH STREET, SUITE 300-305

City-St-Zip: HIALEAH, FL 33016

Title: MGRM

Name: CASTANESA, JORGE S

Address: 2140 WEST 68TH STREET, SUITE 300-305

City-St-Zip: HIALEAH, FL 33016

Title: MGRM

Name: MARTINEZ, JOSE L

Address: 2140 WEST 68TH STREET, SUITE 300-305

City-St-Zip: HIALEAH, FL 33016

I hereby 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 Statues.

SIGNATURE: FRANCISCO R MADERAL MGR 03/15/2010

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