2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

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Entity Name: PREMIUM ANESTHESIA CARE, LLC

Current Principal Place of Business:

1701 PONDBERRY LANE
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

9936 TURTLE BAY CT
ORLANDO, FL 32832 US

Current Mailing Address:

1701 PONDBERRY LANE
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

9936 TURTLE BAY CT
ORLANDO, FL 32832 US

FEI Number: 26-1904422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

TURK, MAROJE A
9936 TURTLE BAY CT
ORLANDO, FL 32832 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: MAROJE A. TURK 04/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TURK, MAROJE A
Address: 1701 PONDBERRY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TURK, MAROJE A
Address: 9936 TURTLE BAY CT
City-St-Zip: ORLANDO, FL 32832 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: MAROJE A TURK MGRM 04/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date