2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# L08000053604

Entity Name: DAVID K. HEAD MD ANESTHESIOLOGY SERVICES LLC.

Current Principal Place of Business:

5300 SW 33RD STREET
OCALA, FL 34474

New Principal Place of Business:

3710 NE 24TH AVE
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

5300 SW 33RD STREET
OCALA, FL 34474

New Mailing Address:

3710 NE 24TH AVE
LIGHTHOUSE POINT, FL 33064

FEI Number: 26-2729685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEAD, DAVID K M.D.
5300 SW 33RD STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

HEAD, DAVID K M.D.
3710 NE 24TH AVE
LIGHTHOUSE POINT, FL 33064 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: 04/05/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HEAD, DAVID K M.D.
Address: 7300 SW 33RD STREET
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HEAD, DAVID K M.D.
Address: 3710 NE 24TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: DAVID K HEAD M.D. MGR 04/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date