2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L08000081507

Entity Name: OK ANESTHESIA, LLC

Current Principal Place of Business:

4019 W VASCONIA STREET
TAMPA, FL 33629 US

New Principal Place of Business:

3210 B WEST DELEON STREET
TAMPA, FL 33609 US

Current Mailing Address:

4019 W VASCONIA STREET
TAMPA, FL 33629 US

New Mailing Address:

3210 B WEST DELEON STREET
TAMPA, FL 33609 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANCER, KIMBERLY T
4019 W VASCONIA STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

LANCER, KIMBERLY T
3210 B WEST DELEON STREET
TAMPA, FL 33609 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: 04/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LANCER, KIMBERLY T
Address: 4019 W VASCONIA STREET
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LANCER, KIMBERLY T
Address: 3210 B WEST DELEON STREET
City-St-Zip: TAMPA, FL 33609 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: KIMBERLY LANCER MRS 04/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date