

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000236

FILED
Apr 06, 2005
Secretary of State

Entity Name: ANESTHESIOLOGY AND PAIN MANAGEMENT CONSULTANTS, L.C.

Current Principal Place of Business:

1543 LAKELAND HILLS BLVD. ,SUITE 10
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1900
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3246722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOURNET, KEITH G
5138 LAKE IN THE WOODS CT
LAKELAND, FL 33813 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/MEMBERS:

Title: MGRM () Delete
Name: VENNUM, KEITH B
Address: 1543 LAKELAND HILLS BLVD SUITE 10
City-St-Zip: LAKELAND, FL 33805

Title: MGRM () Delete
Name: FOURNET, KEITH G
Address: 5138 LAKE IN THE WOODS CT
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: FOURNET, KEVIN M
Address: 6808 CRESCENT OAKS CIR
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: GAMEL, GRANT R
Address: 1904 SWEET BAY COURT
City-St-Zip: PLANT CITY, FL 33567

Title: MGRM () Delete
Name: SIMEON, RICARDO M
Address: 5210 HIGHLANDS LAKEVIEW LOOP
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA WARING

ADM.

04/06/2005

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