

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000236

FILED
Apr 05, 2007
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:

FOURNET, KEITH G PRES.
5138 LAKE IN THE WOODS CT
LAKELAND, FL 33813 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: KEITH G FOURNET

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: 9211 TIBET POINTE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FOURNET, KEVIN M
Address: 9211 TIBET POINTE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

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

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 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: KEITH G FOURNET

PRES

04/05/2007

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