2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L98000002104

Entity Name: MERCY ANESTHESIA GROUP, L.C.

Current Principal Place of Business:

% MERCY HOSP, DEPT. OF ANESTHESIOLOGY
3663 SOUTH MIAMI AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

5396 SW 80 STREET
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0870510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI, FL 33131 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:	ALVAREZ, RAFAEL M.D.	
Address:	4990 HAMMOCK LAKE DRIVE	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	MGRM	( ) Delete
Name:	LA' FONTANT, PIERRE	
Address:	18005 S.W. 83 COURT	
City-St-Zip:	MIAMI, FL 33157	
Title:	MGRM	( ) Delete
Name:	MORTENSON, BETTY	
Address:	5396 S.W. 80 STREET	
City-St-Zip:	MIAMI, FL 33143	
Title:	MGRM	(X) Delete
Name:	SCIARRA, JOHN	
Address:	7625 SW 50 AVE	
City-St-Zip:	MIAMI, FL 33143	

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:	

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: BETTY M MORTENSON MGRM 05/01/2005

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