

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 AM 9:27

DOCUMENT # L98000002104					
1. Entity Name MERCY ANESTHESIA GROUP, L.C.					
Principal Place of Business 9040 SW 117 STREET MIAMI, FL 33176			Mailing Address 5396 SW 80 ST MIAMI, FL 33143		
2. Principal Place of Business 3663 SOUTH MIAMI AVE		3. Mailing Address			
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc.		11072006 Chg-LLC CR2E083 (11/05)	
City & State MIAMI, FL		City & State		4. FEI Number 65-0870510	
Zip 33133		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, MAX A ESQ 1400 NW 10TH VENUE, SUITE 1211 MIAMI, FL 33136			7. Name and Address of New Registered Agent Name: BETTY M. MORTENSON Street Address (P.O. Box Number is Not Acceptable): 5396 SW 80 ST City: MIAMI FL Zip Code: 33143		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: BETTY MORTENSON, PRESIDENT MERCY ANESTHESIA GROUP, L.C. 11/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE PRES ADD TREASURER MBAM	NAME MORTENSON, BETTY		TITLE MBRM VP and Sec.	NAME RAFAEL ALVAREZ	
STREET ADDRESS 5396 S.W. 80 STREET	CITY-ST-ZIP MIAMI, FL 33143		STREET ADDRESS 4990 HAMMOCK LAKE DRIVE	CITY-ST-ZIP CORAL GABLES, FL 33156	
TITLE MGRM	NAME RIVABEM, FERNANDO		TITLE 	NAME 	
STREET ADDRESS 8341 SW 124 AVENUE #105	CITY-ST-ZIP MIAMI, FL 33183		800081774718 11/15/06--01003--002 **50.00		
TITLE MGRM	NAME ARMENTEROS, PEDRO		TITLE 	NAME 	
STREET ADDRESS 1900 SUNSET HARBOUR DR. #2209	CITY-ST-ZIP MIAMI, FL 33139				
TITLE MGRM	NAME GOMEZ, RUDY		TITLE 	NAME 	
STREET ADDRESS 14423 SW 11 STREET	CITY-ST-ZIP MIAMI, FL 33184				
TITLE MGRM	NAME DAVILA, RAUL		TITLE 	NAME 	
STREET ADDRESS 1901 BRICKELL AVENUE #2209	CITY-ST-ZIP MIAMI, FL 33129				
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: PRESIDENT			11/7/06 (305) 409-4199		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		