

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000489

FILED
Feb 08, 2005
Secretary of State

Entity Name: GULL POINT ANESTHESIA P.L.C.

Current Principal Place of Business:

5130 GULL POINT ROAD
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5130 GULL POINT ROAD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, BRIAN D
5130 GULL POINT ROAD
PENSACOLA, FL 32504 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: GREGORY, BRIAN D
Address: 5130 GULL POINT ROAD
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

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: BRIAN D GREGORY MD

DR

02/08/2005

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