## FILED May 12, 2002 8:00 am Secretary of State

UN	IFOR	M BU	SINESS	REPOR	RT (UBR)
DOCUM  1. Entity Name	ENT#	L 90	100000	75560	
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DOCU 1. Entity Na	JMENT # L 9900( me	7005560	05-12-2002 90577 030 ****55.00					
So	OUTH PACM BEACH AN	ESTHESIOLOGY,	P. L.					
	DO NOT WRITE	IN THIS S	PACE	807271				
		3. Mailing Address		-				
WEST BOCA MEDICAL CENTER Suite, Apt. #, etc.		6234 NW 5	13 TERRACE					
City B Ct				DO NOT WRITE IN THIS SPACE				
City & State BOCA RATON, FL		City & State BOCA RATON	FL	4. FEI Number 65 - 0956412 Applied For Not Applied				
33421	8-1899 Country	Zip 33496-3615	Country USA	5. Certificate of Status Desired S \$5.00 Additional Fee Required	ле			
-				7. Name and Address of Current Registered Agent	Ⅎ			
سساند جمعیت الم	DO NOT W	RITE	Name DA	Name DAVID RITTER				
IN THIS SPACE			Street Address	Street Address (P.O. Box Number is Not Acceptable)  6234 NW 23 TERRACE				
in this SPACE								
			City BOC	A RATON FL Zip Code 33496-3615	7			
8. The above	e named entity submits this statement fo	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.	╛			
SIGNATURE								
	Signature, typed or printed name of registered agent a	ind title if applicable.		DAIL	1			
		Make Check Pa	EE IS \$50.00 yable to Department o UE BY MAY 1	of State				
9.	MANAGING MEMBE	RS/MANAGERS	1		_			
TITLE	MGRM		TITLE "		<u>ج</u> َ			
NAME STREET ADDRESS	GRIC M. BUSCH, M.D. 9701 WESTVIEW DRIVE		NAME STREET ADDRESS		112/			
CITY-ST-ZIP	CORAL SPRINGS, PC 330	76-2538	CITY-ST-ZIP		FOR3R			
TITLE	1 - 10	-	TITLE		RZFO			
NAME STREET ADDRESS			NAME STREET ADDRESS		Č			
CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-ST-ZIP			CITY - ST - ZIP	DO NOT WRITE	ì			
TITLE			TITLE	IN THIS SPACE	7			
NAME Street address			NAME STREET ADDRESS	IN THIS SPACE				
CTTY - ST - ŽIP			CITY-ST-ZIP					
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NAME Street Address			NAME STREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE			TITLE .		1			
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP					

11. Thereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02

954-415-2911

Daytime Phone #