

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005560

FILED  
Jan 10, 2004  
Secretary of State

Entity Name: SOUTH PALM BEACH ANESTHESIOLOGY, PL

## Current Principal Place of Business:

WEST BOCA MEDICAL CENTER  
6234 NW 23 TERRACE  
BOCA RATON, FL 334963615

## New Principal Place of Business:

21644 STATE RD 7  
BOCA RATON, FL 334281899

## Current Mailing Address:

WEST BOCA MEDICAL CENTER  
6234 NW 23 TERRACE  
BOCA RATON, FL 334963615

## New Mailing Address:

6234 NW 23RD TER  
BOCA RATON, FL 334963615

FEI Number: 65-0956412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RITTER, DAVID  
6234 N.W. 23RD TERRACE  
BOCA RATON, FL 33496 US

## Name and Address of New Registered Agent:

RITTER, DAVID  
6234 NW 23RD TER  
BOCA RATON, FL 334963615 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:

01/10/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: EDBRIL, STEVEN MD  
Address: 2880 NE 23RD CT  
City-St-Zip: POMPANO BEACH, FL 330621130

Title: MGRM ( ) Delete  
Name: RITTER, DAVID MD  
Address: 6234 NW 23RD TERR  
City-St-Zip: BOCA RATON, FL 334963615

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: EDBRIL, STEVEN D MD  
Address: 2880 NE 23RD CT  
City-St-Zip: POMPANO BEACH, FL 330621130

Title: MGRM (X) Change ( ) Addition  
Name: RITTER, DAVID P MD  
Address: 6234 NW 23RD TER  
City-St-Zip: BOCA RATON, FL 334963615

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: DAVID P RITTER MD

MGRM

01/10/2004

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