

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005560

FILED
Feb 24, 2005
Secretary of State

Entity Name: SOUTH PALM BEACH ANESTHESIOLOGY, PL

Current Principal Place of Business:

21644 STATE RD 7
BOCA RATON, FL 334281899

New Principal Place of Business:

6234 NW 23RD TER
BOCA RATON, FL 334963615

Current Mailing Address:

6234 NW 23RD TER
BOCA RATON, FL 334963615

New Mailing Address:

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 NW 23RD TER
BOCA RATON, FL 334963615 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: EDBRIL, STEVEN D MD
Address: 2880 NE 23RD CT
City-St-Zip: POMPANO BEACH, FL 330621130

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

ADDITIONS/CHANGES:

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: DAVID P RITTER MD

MGRM

02/24/2005

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