

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000000454

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: ANESTHETIX MANAGEMENT, LLC

Current Principal Place of Business:

% CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Principal Place of Business:

Current Mailing Address:

% CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Mailing Address:

P.O. BOX 33058
PALM BEACH GARDENS, FL 33420 US

FEI Number: 06-1594063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB, STEVEN M.D.
8633 FALCON GREEN DRIVE
WEST PALM BEACH, FL 33412 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: MGR () Delete
Name: GOTTLIEB, STEVEN M.D.
Address: P.O. BOX 33058
City-St-Zip: PALM BEACH GARDENS, FL 334203058

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOTTLIEB, STEVEN M.D.
Address: P.O. BOX 33058
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: STEVEN M. GOTTLIEB, MD

MGR

04/28/2002

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