2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# M01000000454

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:

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

New Mailing Address:

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:

RAMANI, TUSHAR CFO
4137 BURNS ROAD
ANESTHETIX
PALM BEACH GARDENS, FL 33410 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: TUSHAR RAMANI 01/26/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

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

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: STEVEN M. GOTTLIEB MGR 01/26/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date