2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2005
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:

RAMANI, TUSHAR CFO
4137 BURNS ROAD
ANESTHETIX
PALM BEACH GARDENS, FL 33410 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 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 02/26/2005

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