2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007
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:

9000 BURMA ROAD
SUITE 107
PALM BEACH GARDENS, FL 33403

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMANI, TUSHAR CFO
4137 BURNS ROAD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

RAMANI, TUSHAR CFO
9000 BURMA ROAD
107
PALM BEACH GARDENS, FL 33403 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: _____ 05/25/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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 exemption stated in Chapter 119, 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: ROBERT WATERSTON CFO 05/25/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date