

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M01000000454</b><br>1. Entity Name<br>ANESTHETIX MANAGEMENT, LLC |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                           |                                                                      |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br>7111 FAIRWAY DRIVE STE 202<br>PALM BEACH GARDENS, FL 33418 | Mailing Address<br>P.O. BOX 33058<br>PALM BEACH GARDENS, FL 33420 US |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



07082008 No Chg-LLC

CR2E083 (12/07)

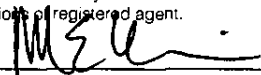
|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>06-1594063 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>LIEBNER, MARK CFO<br>7111 FAIRWAY DRIVE STE 202<br>PALM BEACH GARDENS, FL 33418 |
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  MARK LIEBNER, CFO DATE 7/8/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

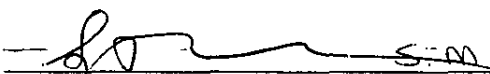
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GOTTLIEB, STEVEN M M.D.<br>P.O. BOX 33058<br>PALM BEACH GARDENS, FL 33420 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |

U000000355385  
07/17/08-80003-014 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 DATE 7/8/08 (561)-799 3552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #