2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000454

1. Entity Name
ANESTHETIX MANAGEMENT, LLC

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

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

07082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1594063

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBNER, MARK CFO
7111 FAIRWAY DRIVE STE 202
PALM BEACH GARDENS, FL 33418

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 [signature] MARK LIEBNER, CFO 7/8/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR
NAME	GOTTLIEB, STEVEN M M.D.
STREET ADDRESS	P.O. BOX 33058
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955385
07/17/08-80003-014 138.75

DO NOT WRITE IN THIS SPACE

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: [signature] STEVEN GOTTLIEB 7/8/08 (561)799 3552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #