


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000000120</b> 1. Entity Name <b>THE OCALA ENDOSCOPY ANESTHESIA, LLC</b>	
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Principal Place of Business <b>6241 ARC WAY FT MYERS, FL 33966</b>	Mailing Address <b>6241 ARC WAY FT MYERS, FL 33966</b>
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01092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0007551</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>DIGBY, EMILIE V 6241 ARC WAY FT MYERS, FL 33966</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 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  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIGBY, EMILIE V 6241 ARC WAY FT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIGBY, SEAN 6241 ARC WAY FT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANELDIK, RICHARD MD 1160 SE 18TH PLACE OCALA, FL 34417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPE, DAVID 1160 SE 18TH PLACE OCALA, FL 34417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000813752 02/13/08-80018-004 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Emilie V Digby 1-3008 2392789985  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #