2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# M03000001419

Entity Name: ULTIMATE ANESTHIOLOGY LLC

Current Principal Place of Business:

4478 N. ARMENIA AVE.
TAMPA, FL 33609

New Principal Place of Business:

4178 N. ARMENIA AVE.
TAMPA, FL 33607

Current Mailing Address:

4478 N. ARMENIA AVE.
TAMPA, FL 33609

New Mailing Address:

4178 N. ARMENIA AVE.
TAMPA, FL 33607

FEI Number: 41-2082313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARSA, JOHN E
4178 N. ARMENIA AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

BARSA, JOHN E
4178 N. ARMENIA AVE.
TAMPA, FL 33607 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: _____ 05/03/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: BARSA, CINDY D
Address: 4478 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33609

Title: MGR ( ) Delete
Name: BARSA, JOHN E MD
Address: 4478 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BARSA, CINDY D
Address: 4178 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Change ( ) Addition
Name: BARSA, JOHN E MD
Address: 4178 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

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: CINDY BARSA MM 05/03/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date