
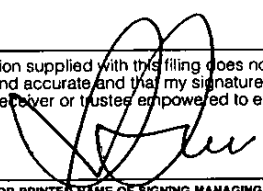


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90216 047 ****50.00

DOCUMENT # M03000001419 1. Entity Name ULTIMATE ANESTHESIOLOGY LLC					
Principal Place of Business 4178 N. ARMENIA AVE. TAMPA, FL 33607			Mailing Address 4178 N. ARMENIA AVE. TAMPA, FL 33607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2082313	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARSA, JOHN E 4178 N. ARMENIA AVE. TAMPA, FL 33607				7. Name and Address of New Registered Agent Name JEREMY ROSS Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN ST City TAMPA FL Zip Code 33602	
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 JEREMY ROSS <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARSA, CINDY D 4178 N. ARMENIA AVE. TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARSA, JOHN E MD 4178 N. ARMENIA AVE. TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date 3/21/06	
<small>Daytime Phone #</small>					