

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001419

FILED
May 01, 2007
Secretary of State

Entity Name: ULTIMATE ANESTHESIOLOGY LLC

Current Principal Place of Business:

4178 N. ARMENIA AVE.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4178 N. ARMENIA AVE.
TAMPA, FL 33607

New Mailing Address:

FEI Number: 41-2082313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROSS, JEREMY
220 S FRANKLIN ST
TAMPA, FL 33602 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 D BARSA

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date