

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001419

FILED  
Jan 09, 2008  
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 ( )

**Name and Address of Current Registered Agent:**

ROSS, JEREMY  
220 S FRANKLIN ST  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

JUNCO, MANUEL  
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: MANUEL JUNCO

01/09/2008

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

01/09/2008

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