

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003552

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** ADVANTAGE ANESTHESIA, LLC

**Current Principal Place of Business:**

327 WAHOO ROAD  
PANAMA CITY BEACH, FL 32411

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27357  
PANAMA CITY BEACH, FL 32411

**New Mailing Address:**

**FEI Number:** 20-4348656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASEK, MARTIN  
327 WAHOO RD  
PANAMA CITY BEACH, FL 32411 US

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

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  
Name: NITRAM MANAGEMENT, LLC  
Address: 327 WAHOO ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: P  
Name: HASEK, MARTIN PRES.  
Address: 202 DOCTORS DRIVE  
City-St-Zip: PANANMA CITY, FL 32411 US

Title: VP  
Name: DERANEY, JARED V. PRES  
Address: 107 LAZY ACRES WAY  
City-St-Zip: LEESBURG, GA 31763 US

Title: VP  
Name: STONE, ARTHUR V. PRES  
Address: 107 LAZY ACRES WAY  
City-St-Zip: LEESBURG, GA 31763 US

I hereby 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: MARTIN HASEK

MGR

03/03/2010

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