

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004875

Entity Name: ANESTHETIX HOLDINGS, LLC

FILED
May 25, 2007
Secretary of State

Current Principal Place of Business:

4137 BURNS ROAD, STE. A-7
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

9000 BURMA ROAD
SUITE 107
PALM BEACH GARDENS, FL 33403

Current Mailing Address:

4137 BURNS ROAD, STE. A-7
PALM BEACH GARDENS, FL 33410

New Mailing Address:

PO BOX 33058
PALM BEACH GARDENS, FL 33420

FEI Number: 20-5473378 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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331 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 () Delete
Name: GOTTLIEB, STEVEN M M.D.
Address: 4137 BURNS ROAD, STE. A-7
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: RAMANI, TUSHAR M M.D.
Address: 4137 BURNS ROAD, STE. A-7
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOTTLIEB, STEVEN M M.D.
Address: 9000 BURMA ROAD, SUITE 107
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: MGR (X) Change () Addition
Name: RAMANI, TUSHAR M M.D.
Address: 9000 BURMA ROAD, SUITE 107
City-St-Zip: PALM BEACH GARDENS, FL 33403

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: ROBERT WATERSTON

CFO

05/25/2007

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