

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M06000004875

1. Entity Name  
ANESTHETIX HOLDINGS, LLC



Principal Place of Business  
7111 FAIRWAY DR, STE 202  
PALM BEACH GARDENS, FL 33418

Mailing Address  
PO BOX 33058  
PALM BEACH GARDENS, FL 33420

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5473378

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LIEBNER, MARK  
7111 FAIRWAY DRIVE STE 202  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000955450  
07/17/08-80005-009 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOTTLIEB, STEVEN M M.D.  
9000 BURMA ROAD, SUITE 107  
PALM BEACH GARDENS, FL 33403

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RAMANI, TUSHAR M M.D.  
9000 BURMA ROAD, SUITE 107  
PALM BEACH GARDENS, FL 33403

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Printed

S.M. GOTTLIEB

7/8/08 (561) 799 3552