2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# M06000004875

Entity Name: ANESTHETIX HOLDINGS, LLC

Current Principal Place of Business:

7111 FAIRWAY DR, STE 202
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

7111 FAIRWAY DR
STE 202
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

PO BOX 33058
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 20-5473378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIEBNER, MARK
7111 FAIRWAY DRIVE STE 202
PALM BEACH GARDENS, FL 33418 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: 9000 BURMA ROAD, SUITE 107
City-St-Zip: PALM BEACH GARDENS, FL 33403

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOTTLIEB, STEVEN M M.D.
Address: PO BOX 33058
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: MGR (X) Change ( ) Addition
Name: RAMANI, TUSHAR M M.D.
Address: PO BOX 33058
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: STEVEN M GOTTLIEB MGR 02/04/2009

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