

State of Rhode Island and Providence Plantations A. Ralph Mollis

Secretary of State

October 9, 2007

Anesthesia Management Consultants, LLC 2 CHARLES STREET PROVIDENCE, RI 02904-

RE:

Entity ID # 156900

Anesthesia Management Consultants, LLC

Dear Sir or Madam:

Your limited liability company has failed to maintain a Resident Office in this state as evidenced by undeliverable and returned correspondence which was sent to the Resident Agent, JOHN M. HAIRABET at the Resident Office, 2 CHARLES STREET, PROVIDENCE, RI 02904-

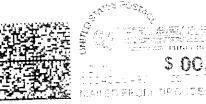
Pursuant to the provisions set forth in Section 7-16-41 of the General Laws of the State of Rhode Island, the Certificate of Organization/Registration of the above named entity will be revoked after 60 days from the date of this notice for failure to maintain a resident office within this state.

Please file a Change of Resident Office form with the Corporations Division within the next sixty days so that your authority to conduct business will remain intact. If you have any questions, or if we can be of any assistance, please do not hesitate to call the Corporations Division at (401) 222-3040.

Sincoroly

ate of Rhode Island and Providence Plantations Ralph Mollis

eretary of State rporations Division 8 W. River Street, Providence, RI 02904-2615



ORS NDE 1 7050 OR 10/12/07 TIME EXP RTN TO SEND AND ANESTHESIA INC OX 6925 TDENCE RI 02940-6325

RETURN TO SENDER

Upon completion, please detach and mail the annual report below including payment in the amount of \$50.00 made payable to Secretary of State. If the resident agent to whom the annual report was mailed has changed and/or the address of the resident agent

2007 AUG 28

-53

Anesthesia Management Consultants, LLC CHECK NUMBER

DETACH HERE



Anesthesia Management Consultants, LLC

c/o JOHN M. HAIRABET

2 CHARLES STREET PROVIDENCE, RI 02904-

> A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filling Period: September 1 - November 1 • Filing Fee: \$50.00

'n accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

R.I.G.L. 7-16-66 (b&c))	is subject to a penalty fee of \$25.00.					
1. ID No.	2. Exact name of the limited liability company					
156900		Anesthesia Management Consultants, LLC				
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL BILLING AND CONSULTING					
5. Principal office address		City'	State	Zip		
6. MAILING ADDR Contact Name	ESS OF LIMITED LIABILITY COMPAN	NY AND NAME OR TITLE OF CON Contact Title	ITACT PERSON:			
Street Address		City	State	Ζψ	ļ	

ate of Rhode Island and Providence Plantations Halph Mollis

zetary of State

regrations Division

8 W. River Street, Providence, RI 02904-2615



NIXIE

02 08/26/07

TADDRESSED RWARD

*2104-02045-26-12 BC: 02904252501

Manaldallandallandallandallandallandallandallandal

G-EFDA1 1-5295402626