

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092814

Entity Name: CRNA ANESTHESIA, LLC

FILED  
Feb 12, 2011  
Secretary of State

**Current Principal Place of Business:**

6753 THOMASVILLE RD  
ST. 108-129  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

6753 THOMASVILLE ROAD, SUITE 108-129  
SUITE 108-129  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 16-1734130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROLANDO, NADINE  
10092 SW 42ND AVE  
OCALA, FL 34476 US

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

ROLANDO, NADINE  
20 NORTH WILDFLOWER DR  
UNIT 521  
SANTA ROSA BEACH, FL 32459 US

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

02/12/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROLANDO, NADINE  
Address: 20 NORTH WILDFLOWER DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: NADINE T ROLANDO

MS

02/12/2011

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