

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092814

Entity Name: CRNA ANESTHESIA, LLC

FILED  
Jan 07, 2012  
Secretary of State

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Principal Place of Business:**

20 NORTH WILD FLOWER  
UNIT 521  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

20 NORTH WILD FLOWER  
UNIT 521  
SANTA ROSA BEACH, FL 32459

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  
20 NORTH WILDFLOWER DR  
UNIT 521  
SANTA ROSA BEACH, FL 32459 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: 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

MM/M

01/07/2012

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