# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 12, 2010**
**Secretary of State**

DOCUMENT# L08000009189

**Entity Name:** ST. LUCIE ANESTHESIA ASSOCIATES, LLC

**Current Principal Place of Business:**

30 EAST HIGH POINT ROAD
STUART, FL 34996

**New Principal Place of Business:**

1800 SE TIFFANY AVENUE
PORT ST. LUCIE, FL 34958

**Current Mailing Address:**

30 EAST HIGH POINT ROAD
STUART, FL 34996

**New Mailing Address:**

P.O. BOX 95
JENSEN BEACH, FL 34958

**FEI Number: 26-1822664** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CRISPIN, JULIE
30 EAST HIGH POINT ROAD
STUART, FL 34996 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: LANGER, STEVEN M
Address: 3 NE LOFTING WAY
City-St-Zip: STUART, FL 34996

Title: MGRM
Name: CRISPIN, JULIE
Address: 30 EAST HIGH POINT ROAD
City-St-Zip: STUART, FL 34996

Title: MGRM
Name: DRABIN, STEPHANIE
Address: 1600 NW FORK RD
City-St-Zip: STUART, FL 34994

Title: MGRM
Name: JARRELL, MICHAEL
Address: 224 NW BLAIRWOOD TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

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 Statues.

SIGNATURE: JULIE CRISPIN MGRM 02/12/2010

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