

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009189

FILED
Jan 06, 2011
Secretary of State

Entity Name: ST. LUCIE ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

1800 SE TIFFANY AVENUE
PORT ST. LUCIE, FL 34958

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 95
JENSEN BEACH, FL 34958

New Mailing Address:

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

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: JULIE CRISPIN

MGRM

01/06/2011

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