

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040831

Entity Name: VBLC ANESTHESIA, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6698 29TH ST. S  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

6698 29TH ST. S  
ST PETERSBURG, FL 33712

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

COGGINS, LYNDIA CRNA  
3721 VILLAGE ESTATES PLACE  
TAMPA, FL 33618 US

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

COGGINS, LYNDIA CRNA  
2009 BAYSHORE BLVD.  
TAMPA, FL 33606 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: LYNDIA COGGINS

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYNDIA, COGGINS CRNA  
Address: 2009 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33606

Title: MGR  
Name: VAN, BELL D JR.  
Address: 6698 29TH ST S  
City-St-Zip: ST PETERSBURG, FL 33712

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: VAN D. BELL

PRES

01/04/2012

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