

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000029606

Entity Name: VERO ANESTHESIA, LLC

FILED  
Apr 25, 2012  
Secretary of State

**Current Principal Place of Business:**

275 18TH STREET, SUITE 101  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

275 18TH STREET, SUITE 101  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 45-2419194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAIRES, KATHRYN B ESQ.  
21 ROYAL PALM POINTE, SUITE 100  
VERO BEACH, FL 32960 US

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

MCCORMACK, WILLIAM J M.D.  
275 18TH STREET  
SUITE 103  
VERO BEACH, FL 32960 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: WILLIAM J. MCCORMACK, M.D.

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCORMACK, WILLIAM J M.D.  
Address: 275 18TH STREET SUITE. 103  
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGRM  
Name: MCGOVERN, ROBERT P M.D.  
Address: 805 37TH PLACE  
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGRM  
Name: LUI, ALEC Y M.D.  
Address: 275 18TH STREET SUITE 102  
City-St-Zip: VERO BEACH, FL 32950 US

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: WILLIAM J. MCCORMACK, M.D.,

MGRM

04/25/2012

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