

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000066036

FILED
Feb 21, 2012
Secretary of State

Entity Name: CORAL RIDGE ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

5301 NORTH DIXIE HIGHWAY
SUITE 100
OAKLAND PARK, FL 33334

New Principal Place of Business:

501 GLADES ROAD
BOCA RATON, FL 33432

Current Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 45-2474984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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: PLOSKER, HARVEY MD
Address: 501 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM
Name: ASTROVE, ANDREW MD
Address: 501 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33432

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: ANDREW ASTROVE, MD

MGRM

02/21/2012

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