

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079379

Entity Name: LLK ANESTHESIA, LLC

Current Principal Place of Business:

12735 NW 67TH DRIVE
PARKLAND, FL 33076

Current Mailing Address:

12735 NW 67TH DRIVE
PARKLAND, FL 33076 US

FEI Number: 26-3210640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KORENGE, LOREN
12735 NW 67TH DRIVE
PARKLAND, FL 33076 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name KORENGE, LOREN
Address 12735 NW 67TH DRIVE
City-State-Zip: PARKLAND FL 33076

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOREN KORENGE

MGRM

02/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date