

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000085934

FILED
Feb 16, 2013
Secretary of State
CC1957282217

Entity Name: ELITE ANESTHESIA PRACTITIONERS, LLC

Current Principal Place of Business:

6043 WINTROP COMMERCE AVE
RIVERVIEW, FL 33578

Current Mailing Address:

P.O. BOX 627
ST. PETERSBURG, FL 33731

FEI Number: 27-3251069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERN, DEDRA L
127 BAY POINT DR NE
ST PETERSBURG, FL 33704 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 MGR
Name HERN, DEDRA L
Address PO BOX 627
City-State-Zip: ST. PETERSBURG FL 33731

Title MGR
Name BENTON, ERIK
Address 1208 GOLF MEADOW LANE
City-State-Zip: VALRICO FL 33596

Title PRES
Name GALANG, CARLA
Address 1308 MERRY WATER DRIVE
City-State-Zip: LUTZ FL 33548

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: DEDRA HERN

MANAGER

02/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date