

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000029606

Entity Name: VERO ANESTHESIA, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 45-2419194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCORMACK, WILLIAM JM.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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name MCCORMACK, WILLIAM J. DR.
Address 275 18TH STREET SUITE. 103
City-State-Zip: VERO BEACH FL 32960

Title MGRM
Name MCGOVERN, ROBERT P. DR.
Address 805 37TH PLACE
City-State-Zip: VERO BEACH FL 32960

Title MGRM
Name LUI, ALEC Y. DR.
Address 275 18TH STREET SUITE 102
City-State-Zip: VERO BEACH FL 32950

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: WILLIAM J. MCCORMACK, MD

MGRM

01/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date