

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000144994

**Entity Name:** ANESTHESIOLOGIST III, LLC

**Current Principal Place of Business:**

12511 WORLD PLAZA LANE  
BLDG. #50  
FORT MYERS, FL 33907

**Current Mailing Address:**

12511 WORLD PLAZA LANE  
BLDG. #50  
FORT MYERS, FL 33907 US

**FEI Number:** 59-1869309

**Certificate of Status Desired:** No

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

HF REGISTERED AGENTS, LLC  
1715 MONROE ST.  
FORT MYERS, FL 33901 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 DIRECTOR  
Name MANALILI, SIMEON P  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title PRESIDENT  
Name BISBEE, CHARLES A  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title VP  
Name SHUCAVAGE, BERNARD M  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY  
Name TURNER, ROBERT M  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name NICOTRA, JOSEPH  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title TREASURER  
Name HOMOLKA, CHARLES MJR.  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name PALMON, SALLY C DR.  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name KNICKREHM, JON DR.  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

*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:** CHARLES A. BISBEE, MD

**PRESIDENT**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date