

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000004069

Entity Name: OSSC ANESTHESIA, LLC

Current Principal Place of Business:

401 COMMERCE ST., SUITE 740
NASHVILLE, TN 37219

Current Mailing Address:

401 COMMERCE ST., SUITE 740
NASHVILLE, TN 37219

FEI Number: 46-0837166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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 OCALA SPECIALTY SURGERY
CENTER, LLC
Address 401 COMMERCE ST., SUITE 740
City-State-Zip: NASHVILLE TN 37219

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: HUBERT LEE WORRELL IV

SENIOR ACCOUNTANT

01/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date