

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000043

FILED
Mar 23, 2011
Secretary of State

Entity Name: SUNSHINE ANESTHESIA, P.L.

Current Principal Place of Business:

7431 GLADIOLUS DR
FORT MYERS, FL 33908

New Principal Place of Business:

15730 NEW HAMPSHIRE CT. SUITE 101
FORT MYERS, FL 33908

Current Mailing Address:

PO BOX 07207
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0988129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE. WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

WICKMAN, JOHN
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34239 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: JOHN WICKMAN

03/23/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LENTZ, JEFFREY M MD
Address: PO BOX 07207
City-St-Zip: FT. MYERS, FL 33919

I hereby certify that the information indicated on this 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.

SIGNATURE: JEFFREY M. LENTZ, M.D.

MGR

03/23/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date