2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# L00000000043

Entity Name: SUNSHINE ANESTHESIA, P.L.

Current Principal Place of Business:

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

New Principal Place of Business:

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, JOHN
2940 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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

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 Statues.

SIGNATURE: JEFFREY M LENTZ MD MGR 02/27/2012

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