2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2010
Secretary of State

DOCUMENT# L02000019404

Entity Name: OSCEOLA ANESTHESIA ASSOCIATES, PL

Current Principal Place of Business:

8839 BAY HARBOUR BLVD.
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

8839 BAY HARBOUR BLVD.
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 04-3705219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEGRIN, M.D., MORRIS
8839 BAY HARBOUR BLVD
ORLANDO, FL 32836 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: GR
Name: NEGRIN, MORRIS MD
Address: 8839 BAY HARBOUR BLVD
City-St-Zip: ORLANDO, FL 32836

Title: GR
Name: SANCHEZ, VIRGIL MD
Address: 1200 OSCEOLA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: JROF
Name: MILLER, DALE MD
Address: 8839 BAY HARBOUR BLVD.
City-St-Zip: ORLANDO, FL 32836

Title: JROF
Name: ROSEN, ALLAN MD
Address: 8839 BAY HARBOUR BLVD.
City-St-Zip: ORLANDO, FL 32836

Title: JROF
Name: SABET-PAYMAN, DARY MD
Address: 8839 BAY HARBOUR BLVD.
City-St-Zip: ORLANDO, FL 32836

Title: JROF
Name: WURM, SCOTT MD
Address: 8839 BAY HARBOUR BLVD.
City-St-Zip: ORLANDO, FL 32836

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: MORRIS NEGRIN GR 02/09/2010

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