2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

DOCUMENT# L02000023771

Entity Name: PINNACLE ANESTHESIA, PL

Current Principal Place of Business:

5440 LINTON BOULEVARD
SUITE 258
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

PO BOX 6398
DELRAY BEACH, FL 33482

New Mailing Address:

FEI Number: 76-0712782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DURGOLO, MARIAN CPCS
5440 LINTON BOULEVARD
SUITE 258
DELRAY BEACH, FL 33484 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: MGRM
Name: EDBRIL, STEVEN D M.D.
Address: 5440 LINTON BOULEVARD, SUITE 258
City-St-Zip: DELRAY BEACH, FL 33484 US

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: STEVEN D. EDBRIL, MD MGRM 01/26/2011

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