

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006158

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** MARION ANESTHESIOLOGY CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

3220 SW 80TH AVE  
OCALA, FL 34481

**New Principal Place of Business:**

1805 SE 16TH AVE  
SUITE 202  
OCALA, FL 34471

**Current Mailing Address:**

3220 SW 80TH AVE  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 16-1654938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNER, GENE  
3220 SW 80TH AVE  
OCALA, FL 34481 US

**Name and Address of New Registered Agent:**

TURNER, MANUEL E  
3220 SW 80TH AVE  
OCALA, FL 34481 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: MANUEL E. TURNER

01/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TURNER, MANUEL E  
Address: 3220 SW 80TH AVE  
City-St-Zip: Ocala, FL 34481

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: MANUEL E TURNER

MGR

01/26/2011

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