

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007295

FILED
Apr 18, 2011
Secretary of State

Entity Name: JAX ANESTHESIA PROVIDERS, LLC

Current Principal Place of Business:

4800 BELFORT ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4800 BELFORT ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 02-0687052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WODRICH, MICHAEL A
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE, FL 32207 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: GROOVER, JACK R
Address: 4800 BELFORT ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM
Name: GOLDBERG, LAWRENCE
Address: 836 PRUDENTIAL DRIVE STE. 801
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM
Name: HARMON, WALTER A
Address: 1610-A BARRS STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM
Name: KANNER, ROBERT
Address: 1375 ROBERTS DRIVE STE. 204
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM
Name: JOSEPH, BRADFORD
Address: 3627 UNIVERSITY BLVD STE. 410
City-St-Zip: JACKSONVILLE, FL 32216

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: JACK R. GROOVER

MGRM

04/18/2011

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