2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# L03000009736

Entity Name: P B ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

1157 SOUTH STATE ROAD #7
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

1157 SOUTH STATE ROAD #7
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-1181405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIPURANENI, KRISHNA
1157 SOUTH STATE ROAD #7
WEST PALM BEACH, FL 33414 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: TRIPURANENI, KRISHNA
Address: 1157 SOUTH STATE ROAD # 7
City-St-Zip: WELLINGTON, FL 33414 US

Title: S
Name: PARSONS, STACEY L
Address: 1157 SOUTH STATE ROAD #7
City-St-Zip: WELLINGTON, FL 33414 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: KRISHNA TRIPURANENI MGR 01/05/2011

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