

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035879

FILED
Jan 09, 2012
Secretary of State

Entity Name: LAKE MONROE ANESTHESIA ASSOCIATES, P.L.

Current Principal Place of Business:

1401 N. SEMINOLE BLVD.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

C/O GREENE, DYCUS & CO
POB 729
SANFORD, FL 32771

New Mailing Address:

C/O GREENE, DYCUS & CO
205 NORTH ELM AVENUE
SANFORD, FL 32771

FEI Number: 52-2419117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, DAMON A
250 INTERNATIONAL PKWY
LAKE MARY, FL 327465022 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: BINFORD, MICHAEL A
Address: 1401 N. SEMINOLE BLVD.
City-St-Zip: SANFORD, FL 32771

Title: D
Name: GREWAL, T.S.
Address: 1401 N SEMINOLE BLVD
City-St-Zip: SANFORD, FL 32771

Title: D
Name: VAZQUEZ, JORGE L
Address: 1401 N SEMINOLE BLVD
City-St-Zip: SANFORD, FL 32771

Title: D
Name: SANKARAN, IYER S
Address: 1401 N SEMINOLE BLVD
City-St-Zip: SANFORD, FL 32771

Title: D
Name: ESPINOLA, ARTURO
Address: 1401 N SEMINOLE BLVD
City-St-Zip: SANFORD, FL 32771

Title: D
Name: FELICIANO, AURELIO
Address: 1401 N SEMINOLE BLVD
City-St-Zip: SANFORD, FL 32771

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: MICHAEL A. BINFORD

MGRM

01/09/2012

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