

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077640

Entity Name: MRM ANESTHESIA, LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

111 SOUTH DELAWARE AVE  
#4  
TAMPA, FL 33606

## **New Principal Place of Business:**

2305 S CARDENAS AVE  
TAMPA, FL 33629

## **Current Mailing Address:**

111 SOUTH DELAWARE AVE  
#4  
TAMPA, FL 33606

## **New Mailing Address:**

2305 S CARDENAS AVE  
TAMPA, FL 33629

FEI Number: 90-0215619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARANT, MICHELE  
111 SOUTH DELAWARE AVE  
#4  
TAMPA, FL 33606 US

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

MARANT, MICHELE  
2305 S CARDENAS AVE  
TAMPA, FL 33629 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: MICHELE MARANT

03/15/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOTRO, MICHELE  
Address: 2305 S CARDENAS AVE  
City-St-Zip: TAMPA, FL 33629

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: MICHELE MARANT

MGR

03/15/2011

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