

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000095454

1. Entity Name
NAP NURSE ANESTHESIA PROFESSIONALS, LLC



Principal Place of Business
376 STEEPLECHASE LANE
PALM HARBOR, FL 34684 US

Mailing Address
376 STEEPLECHASE LANE
PALM HARBOR, FL 34684 US



01192007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3540053

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERNESTO, PEREZ
376 STEEPLECHASE LANE
PALM HARBOR, FL 34684

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and site if applicable

(NOTE: Registered Agent signature required when translating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ERNESTO C., PEREZ
376 STEEPLECHASE LANE
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/30/07-80027-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #