2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

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Entity Name: TWIN OAKS ANESTHESIA SERVICES, L.L.C.

Current Principal Place of Business:

26714 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

26714 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 20-3728972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLINE, DEANNA L CRNA
26714 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544 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: VP
Name: KLINE, JONATHAN P CRNA
Address: 26714 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: P
Name: KLINE, DEANNA L CRNA
Address: 26714 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

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: DEANNA L KLINE P 01/05/2010

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