

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109419

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ANESTHESIA CONCEPTS, L.L.C.

**Current Principal Place of Business:**

5155 DEESON POINTE COURT  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

5337 N. SOCRUM LOOP RD  
#346  
LAKELAND, FL 33809

**New Mailing Address:**

5155 DEESON POINTE COURT  
LAKELAND, FL 33805

**FEI Number:** 20-3789873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOVIAK, RICHARD J MGR  
5155 DEESON POINTE COURT  
LAKELAND, FL 33805 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: DOVIAK, RICHARD J II  
Address: 5155 DEESON POINTE COURT  
City-St-Zip: LAKELAND, FL 33805

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: RICHARD DOVIAK

PRES

04/27/2011

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