2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

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Entity Name: ANESTHESIA BUSINESS SOLUTIONS REALTY, L.L.C.

Current Principal Place of Business:

5404 HOOVER RD #20
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5404 HOOVER RD #20
TAMPA, FL 33634

New Mailing Address:

FEI Number: 56-2566216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, ROBERT E
5020 WEST CYPRESS STREET, SUITE 200
TAMPA, FL 33607 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: KATZ, CAROL
Address: 19409 SWEET GRASS WAY
City-St-Zip: LUTZ, FL 33558

Title: MGRM
Name: ANESTHESIA & BUSINESS SOLUTIONS
Address: 5404 HOOVER BLVD #20
City-St-Zip: TAMPA, FL 33634

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: CAROL KATZ MS. 04/19/2011

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