

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059096

FILED
Apr 28, 2009
Secretary of State

Entity Name: ASC ANESTHESIA SERVICES, L.L.C.

Current Principal Place of Business:

6717 NW 11TH PLACE STE A
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6717 NW 11TH PLACE STE A
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-5031256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGAN, ANNETTE
6717 NW 11TH PLACE STE A
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

SELL, CARLA
6717 NW 11TH PLACE STE A
GAINESVILLE, FL 32605 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: CARLA SELL

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SNODGRASS, GREGORY D MD
Address: 708 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR () Delete
Name: BALCH, KYLE MD
Address: 6717 NW 11TH PL STE A
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR () Delete
Name: CATLIN, JEFFREY R MD
Address: 6717 NW 11TH PLACE STE A
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CARLA SELL

MGR

04/28/2009

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