

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059096

**FILED**  
**Apr 27, 2011**  
**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:**

CATLIN, JEFFREY R MD  
6717 NW 11TH PLACE STE A  
GAINESVILLE, FL 32605 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:** SNODGRASS, GREGORY D MD  
**Address:** 708 E UNIVERSITY AVE  
**City-St-Zip:** GAINESVILLE, FL 32601

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

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

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:** JEFFREY R. CATLIN, MD

MGR

04/27/2011

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