

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062913

Entity Name: J. BAAD ANESTHESIA LLC

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8258 BARTON FARMS BLVD.  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

8258 BARTON FARMS BLVD.  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 51-0624945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE ANESTHESIA GROUP OF SARASOTA, P.A.  
5560 BEE RIDGE RD SUITE D3  
SARASOTA, FL 34233 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: MGRP  
Name: BAAD, JOHN E  
Address: 8258 BARTON FARMS BLVD  
City-St-Zip: SARASOTA, FL 34240

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: JOHN E BAAD

MGRP

03/02/2011

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