

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 04, 2010
Secretary of State

Entity Name: ANESTHESIA PROVIDERS OF CENTRAL FLORIDA, LTD COMPANY

Current Principal Place of Business:

608 VISCAYA AVENUE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

608 VISCAYA AVENUE
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 20-5136506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMART, DONALD E
608 VISCAYA AVENUE
ORLANDO, FL 32839 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: SMART, DONALD E
Address: 608 VISCAYA AVENUE
City-St-Zip: ORLANDO, FL 32839

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: DONALD E SMART

MGR

01/04/2010

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