

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067795

FILED
Apr 09, 2009
Secretary of State

Entity Name: NORTH FLORIDA ANESTHESIA SERVICES LLC

Current Principal Place of Business:

256 PROFESSIONAL GLEN, SUITE 101
LAKE CITY, FL 32025

New Principal Place of Business:

256 PROFESSIONAL GLEN, SUITE 101
101
LAKE CITY, FL 32025

Current Mailing Address:

256 PROFESSIONAL GLEN, SUITE 101
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 20-5181108 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REICHERT, RICHARD
256 PROFESSIONAL GLEN, SUITE 101
LAKE CITY, FL 32025 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 () Delete
Name: NORTH FLORIDA SURGERY CENTER, INC.
Address: 256 PROFESSIONAL GLEN, SUITE 101
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

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: JULI DAVIS

RN

04/09/2009

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