2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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Entity Name: FOLTZBARS ANESTHESIOLOGY & PAIN MANAGEMENT, PLC

Current Principal Place of Business:

6937 COUNTRY LAKES CIRCLE
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

8703 LOWES ISLAND DR
WILMINGTON, NC 28411

New Mailing Address:

FEI Number: 20-5899411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAGUE & JESPERSON, PA
3955 RIVERSIDE AVENUE
SUITE 100
JACKSONVILLE, FL 32205 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
Name: FOLTZ, JERRY R MGRM
Address: 6937 COUNTRY LAKES CIRCLE
City-St-Zip: SARASOTA, FL 34243

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 Statues.

SIGNATURE: JERRY R. FOLTZ MGRM 04/28/2011

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