

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111380

FILED
Apr 25, 2009
Secretary of State

Entity Name: FOLTZBARS ANESTHESIOLOGY, PLC

Current Principal Place of Business:

168 PINEHURST POINTE DRIVE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

6937 COUNTRY LAKES CIRCLE
SARASOTA, FL 34243

Current Mailing Address:

168 PINEHURST POINTE DRIVE
ST. AUGUSTINE, FL 32092

New Mailing Address:

8703 LOWES ISLAND DR
WILMINGTON, NC 34243

FEI Number: 20-5899469

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 () Delete
Name: FOLTZ, SHELLY A
Address: 168 PINEHURST POINTE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOLTZ, SHELLY A
Address: 6937 COUNTRY LAKES CIRCLE
City-St-Zip: SARASOTA, FL 34243

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: SHELLY A. FOLTZ

MGRM

04/25/2009

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