

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120298

Entity Name: JPA ANESTHESIA LLC

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

1330 AUTUMN BREEZE CIRCLE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1330 AUTUMN BREEZE CIRCLE
GULF BREEZE, FL 32563

New Mailing Address:

219 HOBBS STREET
DAVIDSON, NC 28036

FEI Number: 20-8020754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JILL
1330 AUTUMN BREEZE CIRCLE
GULF BREEZE, FL 32563 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: JOHNSON, JILL
Address: 1330 AUTUMN BREEZE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

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: JILL JOHNSON

MGRM

01/27/2009

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