

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121578

Entity Name: SKETER ANESTHESIA, LLC

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2401 PALM HARBOR DRIVE  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

307 BOATNER ROAD  
EGLIN AFB, FL 32542 UN

**Current Mailing Address:**

2401 PALM HARBOR DRIVE  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 20-0400208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKEHAN, TERRI L  
2401 PALM HARBOR DRIVE  
FT. WALTON BEACH, FL 32547 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: SKEHAN, TERRI L  
Address: 2401 PALM HARBOR DRIVE  
City-St-Zip: FT. WALTON BEACH, FL 32547

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: TERRI L. SKEHAN

MGR

03/25/2012

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