

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121679

FILED
Jan 19, 2012
Secretary of State

Entity Name: SOUTHERN COAST ANESTHESIA, P.L.

Current Principal Place of Business:

464 NE BLUEFISH POINT
PORT ST LUCIE, FL 34983

New Principal Place of Business:

272 NW LINCOLN AVENUE
PORT ST LUCIE, FL 34983

Current Mailing Address:

464 NE BLUEFISH POINT
PORT ST LUCIE, FL 34983

New Mailing Address:

272 NW LINCOLN AVENUE
PORT ST LUCIE, FL 34983

FEI Number: 20-8147368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLEN, SCOTT
464 NE BLUEFISH POINT
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

CALLEN, SCOTT
272 NW LINCOLN AVENUE
PORT ST LUCIE, FL 34983 US

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: SCOTT CALLEN

01/19/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CALLEN, SCOTT
Address: 272 NW LINCOLN AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983

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: SCOTT CALLEN

MGRM

01/19/2012

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