

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003974

FILED
Feb 26, 2011
Secretary of State

Entity Name: PREFERRED ANESTHESIA PROVIDERS LLC

Current Principal Place of Business:

770 HARBOR BLVD
UNIT 3G
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

770 HARBOR BLVD
UNIT 3G
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-8073575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUMAR, NITA
770 HARBOR BLVD
UNIT 3G
DESTIN, FL 32541 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: KUMAR, NITA
Address: 770 HARBOR BLVD UNIT 3G
City-St-Zip: DESTIN, FL 32541

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: NITA KUMAR

MGR

02/26/2011

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