2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# L07000005320

Entity Name: SOUTHERN SWELL ANESTHESIA, P.L.

Current Principal Place of Business:

1660 SEA OATES DRIVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1660 SEA OATS DRIVE
ATLANTIC BEACH, FL 32233

New Mailing Address:

1660 SEA OATES DRIVE
ATLANTIC BEACH, FL 32233

FEI Number: 20-8276074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, KIRK
1660 SEA OATES DRIVE
ATLANTIC BEACH, FL 32233 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
Name: FOSTER, KIRK
Address: 1660 SEA OATES DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

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 Statues.

SIGNATURE: KIRK FOSTER MGRM 02/18/2011

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