# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 09, 2012**
**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:**

1660 SEA OATES DRIVE
ATLANTIC BEACH, FL 32233 US

**Current Mailing Address:**

1660 SEA OATES DRIVE
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

1660 SEA OATES DRIVE
ATLANTIC BEACH, FL 32233 US

**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:**

FOSTER, KIRK M CRNA
1660 SEA OATES DRIVE
ATLANTIC BEACH, FL 32233 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: KIRK FOSTER 01/09/2012
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: FOSTER, KIRK K CRNA
Address: 1660 SEA OATES DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGR
Name: CONNELLY, MEGHAN A CRNA
Address: 1660 SEA OATS DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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 MGR 01/09/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date