

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023441

FILED
Jan 04, 2011
Secretary of State

Entity Name: ANESTHESIA CONSULTANTS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2400 DUNDEE ROAD
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

2400 DUNDEE ROAD
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 20-8588338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLARREAL, JORGE R
120 WYNDHAM DRIVE
WINTER HAVEN, FL 33884 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: P
Name: VILLARREAL, JORGE
Address: 2400 DUNDEE RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: S
Name: LARREA, PABLO
Address: 2440 DUNDEE RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: T
Name: NETTLOW, DON
Address: 2400 DUNDEE RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP
Name: SIMON, MICHAEL
Address: 2400 DUNDEE RD
City-St-Zip: WINTER HAVEN, FL 33884

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: JORGE R. VILLARREAL

DR

01/04/2011

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