

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036141

FILED  
Jan 14, 2011  
Secretary of State

**Entity Name:** EXCEL ANESTHESIA CONSULTANTS, LLC

**Current Principal Place of Business:**

10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-8800469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPENGE MAN, BARBARA M DR.  
10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

GLOERSEN, PETER F M.D.  
10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256 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: PETER GLOERSEN, M.D.

01/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: GLOERSEN, PETER F M.D.  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP  
Name: SPENGE MAN, BARBARA M M.D.  
Address: 10475 CENTURION PARKWAY NORTH  
City-St-Zip: JACKSONVILLE, FL 32256 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 Statutes.

SIGNATURE: PETER GLOERSEN, M.D.

P

01/14/2011

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