

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036141

FILED
Feb 07, 2012
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:

10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256 UN

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 ()**

Name and Address of Current Registered Agent:

GLOERSEN, PETER F M.D.
10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256 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: 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 F. GLOERSEN, M.D. P 02/07/2012

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