# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Sep 22, 2011**
**Secretary of State**

DOCUMENT# L07000065560

**Entity Name:** JONES ANESTHESIA SERVICES LLC

**Current Principal Place of Business:**

8524 CYPRESS HOLLOW CT
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

8524 CYPRESS HOLLOW CT
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number: 87-0804501** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JONES, ANTHONY D
8524 CYPRESS HOLLOW CT
SANFORD, FL 32771 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: MGR
Name: ANTHONY, JONES D
Address: 8524 CYPRESS HOLLOW CT
City-St-Zip: SANFORD, FL 32771

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: ANTHONY D JONES MGR 09/22/2011

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