2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L07000084440

Entity Name: JS ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

4244 W TENNESSEE ST
SUITE 313
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

144 CAPEN BLVD.
AMHERST, NY 14226

New Mailing Address:

FEI Number: 26-0787601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLMAN, ROBERT
1821 NE 146 STREET
MIAMI, FL 33181 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: MGRM ( ) Delete
Name: JEFFERIES, DARREN
Address: 144 CAPEN BLVD.
City-St-Zip: AMHERST, NY 14226

Title: MGRM ( ) Delete
Name: JEFFERIES, KATHLEEN S
Address: 144 CAPEN BLVD.
City-St-Zip: AMHERST, NY 14226

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DARREN JEFFERIES MGRM 04/03/2009

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