

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084440

Entity Name: JS ANESTHESIA SERVICES, LLC

FILED
Apr 09, 2010
Secretary of State

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 (X)

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
Name: JEFFERIES, DARREN
Address: 144 CAPEN BLVD.
City-St-Zip: AMHERST, NY 14226

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

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: DARREN JEFFERIES

PRES

04/09/2010

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