

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000084440

**Entity Name:** JS ANESTHESIA SERVICES, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4244 W TENNESSEE ST  
SUITE 313  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

4630 S. KIRKMAN RD.  
#420  
ORLANDO, FL 32811

**Current Mailing Address:**

1020 HAMPTON STREET  
FREDERICKSBURG, VA 22401

**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: 1020 HAMPTON STREET  
City-St-Zip: FREDERICKSBURG, VA 22401

Title: MGRM  
Name: JEFFERIES, KATHLEEN S  
Address: 1020 HAMPTON STREET  
City-St-Zip: FREDERICKSBURG, VA 22401

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

MGRM

04/10/2012

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