

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087534

FILED
Jan 09, 2012
Secretary of State

Entity Name: PINNACLE ANESTHESIA, LLC

Current Principal Place of Business:

277 COBLENTZ ST
PORT CHARLETTE, FL 33954 US

New Principal Place of Business:

277 COBLENTZ ST
PORT CHARLETTE, FL 33954 US

Current Mailing Address:

277 COBLENTZ ST
PORT CHARLETTE, FL 33954 US

New Mailing Address:

277 COBLENTZ ST
PORT CHARLETTE, FL 33954 US

FEI Number: 26-0800887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOROZ, SVETLANA
277 COBLENTZ ST
PORT CHARLETT, FL 33954 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: MS
Name: MOROZ, SVETLANA
Address: 277 COBLENTZ ST
City-St-Zip: PORT CHARLETTE, FL 33954 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: SVETLANA MOROZ

CRNA

01/09/2012

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