

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098798

FILED
Mar 17, 2010
Secretary of State

Entity Name: SOUTHERN ANESTHESIA SOLUTIONS, LLC

Current Principal Place of Business:

188 BEACH BIKE WAY
SEACREST, FL 32413

New Principal Place of Business:

Current Mailing Address:

P O BOX 1166
SYLACAUGA, AL 35150

New Mailing Address:

FEI Number: 26-1471332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORDON, RACHEL R
188 BEACH BIKE WAY
SEACREST,, FL 32413 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: GORDON, GENE N
Address: 188 BEACH BIKE WAY
City-St-Zip: SEACREST, FL 32413

Title: MGRM
Name: GORDON, RACHEL R
Address: 188 BEACH BIKE WAY
City-St-Zip: SEACREST, FL 32413

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: GENE N GORDON

MGR

03/17/2010

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