

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099172

FILED
Apr 19, 2010
Secretary of State

Entity Name: JUPITER ANESTHESIA ASSOCIATES, L.L.C.

Current Principal Place of Business:

1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 26-1150385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTUS, JAY A
1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323 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: DCEO
Name: EISENBERG, MITCHELL
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: DP
Name: COWARD, ROBERT
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: GOLD, LEWIS
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: EVPS
Name: MARTUS, JAY
Address: 1613 N HARRISON PARKWAY SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: SVP
Name: DROZDOW, GILBERT
Address: 1613 N HARRISON PARKWAY SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: CFO
Name: WALTER, MARK
Address: 1613 NORTH HARRISON PARKWAY SUITE 200
City-St-Zip: SUNRISE, FL 33323

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: JAY A. MARTUS

EVP

04/19/2010

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