## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000099172

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

FILED Feb 16, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 26-1150385 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTUS, JAY A 1613 N. HARRISON PKWY., SUITE 200 SUNRISE, FL 33323 US

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.

III lile State of Florit

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: VP

Name: MARCUS, JILLIAN

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 Statues.

SIGNATURE: JAY A. MARTUS EVPS 02/16/2012