2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# L07000112702

Entity Name: FLORIDA OFFICE ANESTHESIA SUPPLIES AND EQUIPMENT, LLC

Current Principal Place of Business:

4304 AZEELE STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4304 AZEELE STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 11-3828720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: VT
Name: KAUFMAN, MARC M.D.
Address: 4304 AZEELE STREET
City-St-Zip: TAMPA, FL 33609

Title: PS
Name: VILA, HECTOR JR., MD
Address: 4304 AZEELE STREET
City-St-Zip: TAMPA, FL 33609

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: HECTOR VILA JR HV 02/10/2011

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