# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 04, 2012**
**Secretary of State**

DOCUMENT# L07000114574

**Entity Name:** TWIN CITIES ANESTHESIA ASSOCIATES, PL

**Current Principal Place of Business:**

2190 HIGHWAY 85 N
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1013 CROOKED CREEK COVE
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number: 26-1404171** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BRODERICK, ARTHUR P
1013 CROOKED CREEK COVE
NICEVILLE, FL 32578 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: BROADERICK, ARTHUR PAUL
Address: 2190 HIGHWAY 85 N
City-St-Zip: NICEVILLE, FL 32578

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: ARTHUR P BROADERICK MGR 05/04/2012

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