

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122797

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** REST EASY ANESTHESIA LLC

**Current Principal Place of Business:**

932 SOUTHER OAK LN.  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

932 SOUTHER OAK LN.  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 26-0321708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OTTATI, FRANK R  
932 SOUTHER OAK LN.  
APOPKA, FL 32712 US

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

OTTATI, FRANK R MGR  
932 SOUTHER OAK LN.  
APOPKA, FL 32712 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.

SIGNATURE: FRANK R OTTATI

02/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OTTATI, FRANK R MGR  
Address: 932 SOUTHERN OAK LN  
City-St-Zip: APOPKA, FL 32712

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: FRANK R OTTATI

PD

02/02/2010

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