

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122797

**FILED**  
**Mar 10, 2011**  
**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:** 90-0409478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OTTATI, FRANK R MGR  
932 SOUTHER OAK LN.  
APOPKA, FL 32712 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:** OTTATI, FRANK R MGR  
**Address:** 932 SOUTHERN OAK LN  
**City-St-Zip:** APOPKA, FL 32712

**Title:** SEC  
**Name:** OTTATI, WENDY S SEC  
**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

MGR

03/10/2011

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