

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127669

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** SOUTHEAST ANESTHESIA AND PAIN MEDICINE, LLC

**Current Principal Place of Business:**

1110 NIKKI VIEW DR  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 158  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 26-1671115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZHU, HUI  
1110 NIKKI VIEW DRIVE  
BRANDON, FL 33511 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: MGRM  
Name: ZHU, HUI MD  
Address: P. O. BOX 158  
City-St-Zip: LUTZ, FL 33548

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: HUI ZHU

MGRM

05/01/2011

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