2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# L08000002728

Entity Name: LOC ANESTHESIA SERVICES LLC

Current Principal Place of Business:

2720 UINTAH AVENUE
ORLANDO, FL 32805 US

New Principal Place of Business:

3325 S. LEE AVENUE
ORLANDO, FL 32805 US

Current Mailing Address:

2720 UINTAH AVENUE
ORLANDO, FL 32805 US

New Mailing Address:

3325 S. LEE AVENUE
ORLANDO, FL 32805 US

FEI Number: 26-1728701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKE, RANDALL J
2720 UINTAH AVENUE
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

WILKE, RANDALL J
3325 S. LEE AVENUE
ORLANDO, FL 32805 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: RANDALL WILKE 03/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete
Name: WILKE, RANDALL J
Address: 2720 UINTAH AVENUE
City-St-Zip: ORLANDO, FL 32805 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR (X) Change ( ) Addition
Name: WILKE, RANDALL J
Address: 3325 S. LEE AVENUE
City-St-Zip: ORLANDO, FL 32805 US

Title: MGMR ( ) Change (X) Addition
Name: SMITH, MICHAEL B
Address: 3325 S. LEE AVENUE
City-St-Zip: ORLANDO, FL 32805 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RANDALL WILKE MGMR 03/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date