2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

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Entity Name: GULFSTREAM ANESTHESIA GROUP, LLC

Current Principal Place of Business:

2140 WEST 68TH STREET, SUITE 300-305
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2140 WEST 68TH STREET, SUITE 300-305
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 32-0229760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADERAL, FRANCISCO R
2140 W 68 STREET #305
HIALEAH, FL 33016 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: MADERAL, FRANCISCO R
Address: 2140 WEST 68TH STREET, SUITE 300-305
City-St-Zip: HIALEAH, FL 33016

Title: MGRM
Name: PINA, VICTOR M
Address: 2140 WEST 68TH STREET, SUITE 300-305
City-St-Zip: HIALEAH, FL 33016

Title: MGRM
Name: PADILLA, VICTOR M
Address: 2140 WEST 68TH STREET, SUITE 300-305
City-St-Zip: HIALEAH, FL 33016

Title: MGRM
Name: AVILA, MARK S
Address: 2140 WEST 68TH STREET, SUITE 300-305
City-St-Zip: HIALEAH, FL 33016

Title: MGRM
Name: CASTANESA, JORGE S
Address: 2140 WEST 68TH STREET, SUITE 300-305
City-St-Zip: HIALEAH, FL 33016

Title: MGRM
Name: MARTINEZ, JOSE L
Address: 2140 WEST 68TH STREET, SUITE 300-305
City-St-Zip: HIALEAH, FL 33016

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: FRANCISCO R. MADERAL MGR 04/11/2011

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