

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011820

FILED
Apr 27, 2009
Secretary of State

Entity Name: CRNA'S OF SOUTH FLORIDA, L.L.C.

Current Principal Place of Business:

230 W 31ST. STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

230 W 31ST. STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 26-1896896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EXPOSITO, EDUARDO A
10726 NW 58 STREET
MIAMI, FL 33178 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 () Delete
Name: DOMINGUEZ, ELIZABETH M
Address: 235 SW 17 ROAD #5
City-St-Zip: MIAMI, FL 33129

Title: MGRM () Delete
Name: FUNDORA, OMAR
Address: 230 W 31ST STREET
City-St-Zip: HIALEAH, FL 33012

Title: MGRM () Delete
Name: GOMEZ, JESSICA L
Address: 10515 SW 103 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: OLIU, ALEXANDER
Address: 9946 NW 32 STREET
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: VALDES, JORGE A
Address: 1761 SE 20TH ROAD
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELIZABETH M DOMINGUEZ

MGRM

04/27/2009

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