## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000018945

City-St-Zip:

BEVERLY HILLS, FL 34465

Entity Name: CITRUS ANESTHESIA PROVIDERS LLC

FILED Mar 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4364 WEST PAPOOSE LANE BEVERLY HILLS, FL 34465 **Current Mailing Address: New Mailing Address:** 4364 WEST PAPOOSE LANE BEVERLY HILLS, FL 34465 FEI Number: 26-2037161 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAULEY, DEAN T 4364 WEST PAPOOSE LANE BEVERLY HILLS, FL 34465 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BLACKSTONE, LAYNE Name: Name: Address: 4969 NORTH RAINBRAIR PATH Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DUFFY, PATRICIA Name: Address: 8971 EAST SWEETWATER DR. Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PAULEY, DEAN T Name: Name: 4364 WEST PAPOOSE LANE Address: Address:

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.

City-St-Zip:

SIGNATURE: DEAN PAULEY MGRM 03/20/2009