

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018945

FILED
Jan 07, 2010
Secretary of State

Entity Name: CITRUS ANESTHESIA PROVIDERS LLC

Current Principal Place of Business:

4364 WEST PAPOOSE LANE
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

4364 WEST PAPOOSE LANE
BEVERLY HILLS, FL 34465

New Mailing Address:

FEI Number: 26-2037161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULEY, DEAN T
4364 WEST PAPOOSE LANE
BEVERLY HILLS, FL 34465 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: BLACKSTONE, LAYNE
Address: 4969 NORTH RAINBRAIR PATH
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM
Name: DUFFY, PATRICIA PAULEY
Address: 8971 EAST SWEETWATER DR.
City-St-Zip: INVERNESS, FL 34450

Title: MGRM
Name: PAULEY, DEAN T
Address: 4364 WEST PAPOOSE LANE
City-St-Zip: BEVERLY HILLS, FL 34465

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: LAYNE BLACKSTONE

MS

01/07/2010

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