

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024853

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MORPHEUS ANESTHESIA CONSULTANTS, LLC

**Current Principal Place of Business:**

1049 SCENIC VIEW CIR.  
MINNEOLA, FL 34715 US

**New Principal Place of Business:**

303 FOXMOOR LN  
PANAMA CITY, FL 32405 US

**Current Mailing Address:**

1049 SCENIC VIEW CIR.  
MINNEOLA, FL 34715 US

**New Mailing Address:**

303 FOXMOOR LN  
PANAMA CITY, FL 32405 US

**FEI Number:** 26-2308117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, GARY L PRESIDE  
1049 SCENIC VIEW CIR  
MINNEOLA, FL 34715 US

**Name and Address of New Registered Agent:**

CAMPBELL, GARY L PRESIDE  
303 FOXMOOR LN  
PANAMA CITY, FL 32405 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:

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAMPBELL, II, GARY L  
Address: 303 FOXMOOR LN  
City-St-Zip: PANAMA CITY, FL 32405 US

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: GARY CAMPBELL

PRES

01/06/2010

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