

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026319

FILED
Jan 28, 2012
Secretary of State

Entity Name: FOR-REST ANESTHETIST L.L.C.

Current Principal Place of Business:

1589 SHADOW RIDGE CIRCLE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

1589 SHADOW RIDGE CIRCLE
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 26-2275371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORREST, DAWN M
1589 SHADOW RIDGE CIRCLE
SARASOTA, FL 34240 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: CRNA
Name: FORREST, DAWN M CRNA
Address: 1589 SHADOW RIDGE CIRCLE
City-St-Zip: SARASOTA, FL 34240

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: DAWN M FORREST

CRNA

01/28/2012

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