2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# L08000036679

Entity Name: LGJ ANESTHESIA, LLC

Current Principal Place of Business:

3610 LAKE CENTER DRIVE
SUITE 22101
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

3610 LAKE CENTER DRIVE
SUITE 22101
MOUNT DORA, FL 32757 US

New Mailing Address:

FEI Number: 26-2368713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, LES G
3610 LAKE CENTER DRIVE
SUITE 22101
MOUNT DORA, FL 32757 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
Name: JONES, LES G
Address: 3610 LAKE CENTER DRIVE STE 22101
City-St-Zip: MOUNT DORA, FL 32757 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 Statues.

SIGNATURE: LES G JONES MGRM 01/09/2012

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