2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

DOCUMENT# L08000045061

Entity Name: SPINECARE ANESTHESIA, LLC

Current Principal Place of Business:

5700 MIDNIGHT PASS RD.
STE 4
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5700 MIDNIGHT PASS RD.
STE 4
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 80-0184103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMOYIAN, EDWARD J
5700 MIDNIGHT PASS RD.
STE 4
SARASOTA, FL 34242 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: NOBACK, CARL R M.D.
Address: 5700 MIDNIGHT PASS RD. STE 4
City-St-Zip: SARASOTA, FL 34242

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: CARL R. NOBACK MGR 03/29/2012

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