

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052895

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** VILLAGES ANESTHESIA ASSOCIATES, LLC

**Current Principal Place of Business:**

10900 SE 174TH PLACE ROAD  
SUITE D  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

**Current Mailing Address:**

10900 SE 174TH PLACE ROAD  
SUITE D  
SUMMERFIELD, FL 34491 US

**New Mailing Address:**

**FEI Number:** 26-2787166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PADMAN, MUNI V MD  
10900 SE 174TH PLACE ROAD  
SUITE D  
SUMMERFIELD, FL 34491 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:** GABRIEL, NEHME MD  
**Address:** 10900 SE 174TH PLACE ROAD, SUITE D  
**City-St-Zip:** SUMMERFIELD, FL 34491 US

**Title:** MGRM  
**Name:** PADMANABH, MUNIVENKATAPPA MD  
**Address:** 10900 SE 174TH PLACE ROAD, SUITE D  
**City-St-Zip:** SUMMERFIELD, FL 34491 US

**Title:** MGRM  
**Name:** BASKAR, SOUNDARAPANDIA MD  
**Address:** 10900 SE 174TH PLACE ROAD, SUITE D  
**City-St-Zip:** SUMMERFIELD, FL 34491 US

**Title:** MGRM  
**Name:** NAGABHAIRU, LALBAHADUR MD  
**Address:** 10900 SE 174TH PLACE ROAD, SUITE D  
**City-St-Zip:** SUMMERFIELD, FL 34491 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:** JENNIFER TAYLOR

MGR

04/12/2012

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