2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

DOCUMENT# L08000069393

Entity Name: OUTPATIENT ANESTHESIA SPECIALISTS, LLC

Current Principal Place of Business:

7152 COCA SABAL LANE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

7152 COCA SABAL LANE
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 26-3091344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENUEL, JAMES W JR. MD
7152 COCA SABAL LANE
FORT MYERS, FL 33908 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: D
Name: YUDELMAN, PAUL L
Address: 7152 COCA SABAL LANE
City-St-Zip: FT MYERS, FL 33908 US

Title: D
Name: O'KONSKI, MARK S
Address: 7152 COCA SABAL LANE
City-St-Zip: FT MYERS, FL 33908

Title: D
Name: DADRAT, ANDREE A
Address: 7152 COCA SABAL LANE
City-St-Zip: FT MYERS, FL 33908 US

Title: D
Name: HERRERA, JUAN G
Address: 7152 COCA SABAL LANE
City-St-Zip: FT MYERS, FL 33908 US

Title: D
Name: PENUEL, JAMES W JR
Address: 7152 COCA SABAL LANE
City-St-Zip: FT MYERS, FL 33908 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: PATTI REIGLE ADMN 01/17/2011

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