

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000085043

Entity Name: CJL ANESTHESIA, L.L.C.

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8839 BRYAN DAIRY RD  
STE 215  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

8839 BRYAN DAIRY RD  
STE 215  
LARGO, FL 33777

**New Mailing Address:**

FEI Number: 80-0276563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRIEDMAN, CHARLES K DO  
8839 BRYAN DAIRY RD  
STE 215  
LARGO, FL 33777 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: FRIEDMAN, CHARLES K  
Address: 8839 BRYAN DAIRY ROAD, STE. 215  
City-St-Zip: LARGO, FL 33777

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: CHARLES FRIEDMAN

MGR

04/20/2012

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