

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087479

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** SNOOPY ANESTHESIA, LLC

**Current Principal Place of Business:**

4241 CLOVE STREET  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

4241 CLOVE STREET  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LESH, LOUIS  
4241 CLOVE STREET  
MIDDLEBURG, FL 32068 US

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: LESH, LOUIS  
Address: 4241 CLOVE STREET  
City-St-Zip: MIDDLEBURG, FL 32068 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: LOUIS LESH

MR.

05/12/2010

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