

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092170

Entity Name: LADD ANESTHESIA LLC

FILED  
Jan 05, 2010  
Secretary of State

**Current Principal Place of Business:**

9072 REDTAIL DRIVE  
JACKSONVILLE, FL 32222

**New Principal Place of Business:**

1765 COUNTRY WALK DR  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

9072 REDTAIL DRIVE  
JACKSONVILLE, FL 32222

**New Mailing Address:**

1765 COUNTRY WALK DR  
FLEMING ISLAND, FL 32003

FEI Number: 26-3483068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LADD, ROBERT  
9072 REDTAIL DRIVE  
JACKSONVILLE, FL 32222 US

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

LADD, ROBERT  
1765 COUNTRY WALK DR  
FLEMING ISLAND, FL 32003 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:

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LADD, ROBERT  
Address: 9072 REDTAIL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32222

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: ROBERT LADD

MR

01/05/2010

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