

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107254

FILED
Jan 07, 2011
Secretary of State

Entity Name: SPACE COAST ANESTHESIOLOGY AND PAIN MEDICINE, PLLC

Current Principal Place of Business:

907 PREAKNESS PLACE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

907 PREAKNESS PLACE
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 26-3740276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 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: SMITH, YALE R M.D.
Address: 907 PREAKNESS PLACE
City-St-Zip: ROCKLEDGE, FL 32955 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: YALE R SMITH, M.D.

MGR

01/07/2011

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