2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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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:

SMITH, YALE R PRES
907 PREAKNESS PLACE
ROCKLEDGE, FL 32955 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: YALE R. SMITH, M.D., PRESIDENT 01/04/2012

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 Statues.

SIGNATURE: YALE R. SMITH, M.D. MGR 01/04/2012

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