

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109250

FILED
Jul 06, 2009
Secretary of State

Entity Name: GATOR ANESTHESIA SERVICES PLC

Current Principal Place of Business:

128 GOLDEN GATE POINT
SARASOTA, FL 34236

New Principal Place of Business:

128 GOLDEN GATE POINT
SUITE 702
SARASOTA, FL 34236

Current Mailing Address:

128 GOLDEN GATE POINT
SARASOTA, FL 34236

New Mailing Address:

128 GOLDEN GATE POINT
SUITE 702
SARASOTA, FL 34236

FEI Number: 26-3802694 FEI Number Applied For () FEI Number Not Applicable () 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:

HARDY, CARL
128 GOLDEN GATE POINT
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

HARDY, CARL
128 GOLDEN GATE POINT
SUITE 702
SARASOTA, FL 34236 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: CARL E. HARDY, M.D.

07/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARDY, CARL
Address: 128 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CARL E HARDY

DR

07/06/2009

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