

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112501

FILED
Jan 13, 2010
Secretary of State

Entity Name: S HARIKRISHNAN ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

542 RIMINI VISTA WAY
SUN CITY CENTER, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

542 RIMINI VISTA WAY
SUN CITY CENTER, FL 33573 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARIKRISHNAN, SUNDARAM
542 RIMINI VISTA WAY
SUN CITY CENTER, FL 33573 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: HARIKRISHNAN, SUNDARAM
Address: 542 RIMINI VISTA WAY
City-St-Zip: SUN CITY CENTER, FL 33573 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: S.HARIKRISHNAN

MGRM

01/13/2010

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