

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114162

FILED
Mar 24, 2009
Secretary of State

Entity Name: ANESTHESIA PROVIDERS UNLIMITED, LLC

Current Principal Place of Business:

1336 CREEKSIDE BOULEVARD
SUITE 1
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

1336 CREEKSIDE BOULEVARD
SUITE 1
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-3878392 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WATERHOUSE, LYNDAM
1336 CREEKSIDE BOULEVARD
SUITE 1
NAPLES, FL 34108 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: MGR () Delete
Name: WATERHOUSE, LYNDAM
Address: 1336 CREEKSIDE BOULEVARD, SUITE 1
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COOK, THOMAS L
Address: 1336 CREEKSIDE BLVD STE 1
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Change (X) Addition
Name: WYNN, VANDER
Address: 1336 CREEKSIDE BLVD STE 1
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Change (X) Addition
Name: WATERHOUSE, LYNDAM
Address: 1336 CREEKSIDE BLVD STE 1
City-St-Zip: NAPLES, FL 34108

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: LYNDAM WATERHOUSE

MGRM

03/24/2009

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