2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# L08000114162

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 ( )**
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:

WATERHOUSE, LYNDA M
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: MGRM
Name: COOK, THOMAS L
Address: 1336 CREEKSIDE BLVD STE 1
City-St-Zip: NAPLES, FL 34108

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

Title: MGRM
Name: WATERHOUSE, LYNDA M
Address: 1336 CREEKSIDE BLVD STE 1
City-St-Zip: NAPLES, FL 34108

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: LYNDA M WATERHOUSE MGRM 05/03/2010

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