

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020881

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SUNCOAST ANESTHESIA CONSULTANTS, LLC

**Current Principal Place of Business:**

2089 HAWTHORNE STREET  
SUITE 100  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2089 HAWTHORNE STREET  
SUITE 100  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 26-4378268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLEMING, LINDA L ESQ.  
401 EAST JACKSON STREET  
SUITE 2500  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

DEJOHN, FRANK  
201 MONTGOMERY AVE  
SARASOTA, FL 34243 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: FRANK DEJOHN

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SUNCOAST ANESTHESIA PARTNERS, LLC  
Address: 2089 HAWTHORNE STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239

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: NORMAN APRILL

MGR

04/29/2011

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