

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000024157

FILED
Mar 28, 2011
Secretary of State

Entity Name: ADRIFT ANESTHESIA, PLLC

Current Principal Place of Business:

315 S. OCEAN GRANDE DR.
UNIT 103
SOUTH PONTE VEDRA BEACH, FL 3208 US

New Principal Place of Business:

Current Mailing Address:

315 S. OCEAN GRANDE DR.
UNIT 103
SOUTH PONTE VEDRA BEACH, FL 3208 US

New Mailing Address:

FEI Number: 26-4486625 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN
430 NORTH MILLS AVE
SUITE 4
ORLANDO, FL 32803 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: HOLLIS, STEPHANIE
Address: 315 S. OCEAN GRANDE DR. UNIT 103
City-St-Zip: SOUTH PONTE VEDRA BEACH, FL 32082 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: STEPHANIE HOLLIS MGRM 03/28/2011

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