

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000030337

FILED
Apr 27, 2011
Secretary of State

Entity Name: PATIENTS FIRST ANESTHESIA CARE LLC

Current Principal Place of Business:

1062 CEASARS CT.
MOUNT ODRA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1849
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: 26-4552810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILUR, NAGESH D
1062 CEASARS CT.
MOUNT DORA, FL 32757 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: BAILUR, NAGESH D
Address: 1062 CEASARS CT.
City-St-Zip: MOUNT DORA, FL 32757 US

Title: MGR
Name: RANGNEKAR, PRIYA K
Address: PO BOX 1849
City-St-Zip: MOUNT DORA, FL 32757 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: NAGESH BAILUR

MGRM

04/27/2011

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