2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# L09000038235

Entity Name: LAKE CITY OUTPATIENT ANESTHESIA, PLLC

Current Principal Place of Business:

4355 NW AMERICAN LANE
SUITE 1
LAKE CITY, FL 32055

New Principal Place of Business:

4367 NW AMERICAN LANE
LAKE CITY, FL 32055

Current Mailing Address:

4355 NW AMERICAN LANE
SUITE 1
LAKE CITY, FL 32055

New Mailing Address:

4367 NW AMERICAN LANE
LAKE CITY, FL 32055

FEI Number: 26-4823350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWNEY, KEVIN I
2631-B NW 41 STREET
GAINESVILLE, FL 32606 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
Name: THANAWALA, RIZWANA MD
Address: 4367 NW AMERICAN LANE
City-St-Zip: LAKE CITY, FL 32055

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: RIZWANA THANAWALA, MD MGR 04/05/2010

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