

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038235

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** LAKE CITY OUTPATIENT ANESTHESIA, PLLC

**Current Principal Place of Business:**

4367 NW AMERICAN LANE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

4367 NW AMERICAN LANE  
LAKE CITY, FL 32055

**New Mailing Address:**

**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 Statutes.

SIGNATURE: RIZWANA THANAWALA, MD

MGR

03/16/2011

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