2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070383

Entity Name: SUNCOAST ANESTHESIA PARTNERS, LLC

FILED Apr 29, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2089 HAWTHORNE STREET, SUITE 100 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

2089 HAWTHORNE STREET, SUITE 100 SARASOTA, FL 34239

FEI Number: 27-0602105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FLEMING, LINDA L ESQ

401 E. JACKSON STREET

2500

TAMPA, FL 33602 US

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: MGR

Name: KUPERMAN, DOUGLAS M.D.

Address: 2089 HAWTHORNE STREET, SUITE 100

City-St-Zip: SARASOTA, FL 34239 US

Title: MGR

Name: CORBETT, SCOTT F M.D.

Address: 2089 HAWTHORNE STREET, SUITE 100

City-St-Zip: SARASOTA, FL 34239 US

Title: MGR

Name: KALVARIA, ISAAC M.D.

Address: 2089 HAWTHORNE STREET, SUITE 100

City-St-Zip: SARASOTA, FL 34239 US

Title: MGR

Name: SOUTHERLAND, JOHN M.D.

Address: 2089 HAWTHORNE STREET, SUITE 100

City-St-Zip: SARASOTA, FL 34239 US

Title: MGR

Name: APRILL, NORMAN M M.D.

Address: 2089 HAWTHORNE STREET, SUITE 100

City-St-Zip: SARASOTA, FL 34239 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 Statues.

SIGNATURE: NORMAN APRILL MGR 04/29/2011