

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070507

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** GREATER FLORIDA ANESTHESIOLOGISTS, LLC

**Current Principal Place of Business:**

300 JEFFORDS STREET, SUITE B  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

300 JEFFORDS STREET, SUITE B  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 27-0602251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
315 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: PCEO  
Name: MANTELL, SCOTT  
Address: 300 JEFFORDS STREET, SUITE B  
City-St-Zip: CLEARWATER, FL 33756

Title: V  
Name: GIANETTI, RICHARD M.D.  
Address: 300 JEFFORDS STREET, SUITE B  
City-St-Zip: CLEARWATER, FL 33756

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: SCOTT MANTELL M.D.

PCEO

01/11/2010

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