2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

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Entity Name: ANESTHESIA OUTPATIENT SPECIALISTS LLC

Current Principal Place of Business:

24 WINEWOOD COURT
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60719
FT. MYERS, FL 33906

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: BACKSTRAND, KENNETH
Address: 24 WINEWOOD COURT
City-St-Zip: FT. MYERS, FL 33919

Title: S
Name: BACKSTRAND, KENNETH
Address: 24 WINEWOOD COURT
City-St-Zip: FT. MYERS, FL 33919

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: KENNETH BACKSTRAND MGR 01/05/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date