

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091887

FILED
Apr 08, 2010
Secretary of State

Entity Name: LAKE ANESTHESIA CARE, LLC

Current Principal Place of Business:

2060 N. DONNELLY STREET
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2060 N. DONNELLY STREET
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 27-0999029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RICHARD P ESQ.
1000 W. MAIN STREET
LEESBURG, FL 34748 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: NAGABHAIRU, LALBAHADUR
Address: 2060 N. DONNELLY STREET
City-St-Zip: MT. DORA, FL 32757

Title: MGR
Name: BASKAR, SOUNDARAPENDIAN
Address: 2060 N. DONNELLY STREET
City-St-Zip: MT. DORA, FL 32757

Title: MGR
Name: RAMAIAH, BHARATHI A
Address: 2060 N. DONNELLY STREET
City-St-Zip: MT. DORA, FL 32757

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: LALBAHADUR S. NAGABHAIRU, M.D.

MGR

04/08/2010

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