

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095254

FILED
Feb 22, 2011
Secretary of State

Entity Name: DELRAY ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

4675 LINTON BLVD., STE. 102
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4675 LINTON BLVD., STE. 102
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 27-1052189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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: ASTROVE, ANDREW MD
Address: 4675 LINTON BLVD., SUITE 102
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR
Name: PLOSKER, HARVEY MD
Address: 4675 LINTON BLVD., SUITE 102
City-St-Zip: DELRAY BEACH, FL 33445

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: ANDREW ASTROVE

MGR

02/22/2011

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