

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106776

FILED
Jul 03, 2010
Secretary of State

Entity Name: VISTA DORO ANESTHESIA LLC

Current Principal Place of Business:

5577 MADELINES WAY
PACE, FL 32571

New Principal Place of Business:

2427 W BAYSHORE RD
GULF BREEZE, FL 32563

Current Mailing Address:

PO BOX 4831
MILTON, FL 32572

New Mailing Address:

2427 W BAYSHORE RD
GULF BREEZE, FL 32563

FEI Number: 26-3407071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MARTIC
2427 W BAYSHORE RD
GULF BREEZE, FL 32563 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: SMITH, MARTIC
Address: 2427 W BAYSHORE RD
City-St-Zip: GULF BREEZE, FL 32563

Title: MGR
Name: SMITH, CHRISTINA
Address: 2427 W BAYSHORE RD
City-St-Zip: GULF BREEZE, FL 32563

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: MARTIC SMITH

MGR

07/03/2010

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