2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# L09000108575

Entity Name: FLORIDA ANESTHESIA, LLC

Current Principal Place of Business:

321 BELLEVIEW BLVD
BELLEAIR, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5092
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 27-1264579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOROWITZ, PETER C
321 BELLEVIEW BLVD
BELLEAIR, FL 33756 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: MGRM
Name: HOROWITZ, PETER C M.D.
Address: P.O. BOX 5092
City-St-Zip: CLEARWATER, FL 33758 US

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: PETER C HOROWITZ MGRM 02/17/2011

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