

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108575

**Entity Name:** FLORIDA ANESTHESIA, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**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 Statutes.

SIGNATURE: PETER C HOROWITZ MD

MGRM

01/05/2012

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