

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002408

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** INDEPENDENT ANESTHESIOLOGISTS, P.L.L.C.

**Current Principal Place of Business:**

100 3RD AVE WEST  
SUITE 110  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

100 3RD AVE WEST  
SUITE 110  
BRADENTON, FL 34205

**New Mailing Address:**

**FEI Number:** 27-1627113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOME, MARIO  
100 3RD AVE WEST  
SUITE 110  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

RAMOS, FABIAN A  
100 3RD AVE WEST  
SUITE 110  
BRADENTON, FL 34205 US

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: FABIAN A. RAMOS

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RAMOS, FABIAN A  
Address: 100 3RD AVE WEST, SUITE 110  
City-St-Zip: BRADENTON, FL 34205

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: FABIAN A. RAMOS

DR.

04/26/2012

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