

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002479

FILED
Apr 25, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA ANESTHESIA PROVIDERS, LLC

Current Principal Place of Business:

1304 SE 46TH STREET
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

1304 SE 46TH STREET
OCALA, FL 34480

New Mailing Address:

FEI Number: 27-1612341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMANN, LADDEN
1304 SE 46TH STREET
OCALA, FL 34480 US

Name and Address of New Registered Agent:

HERRMANN, LADDEN
1304 SE 46TH STREET
OCALA, FL 34480 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: LADDEN HERRMANN

04/25/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HERRMANN, LADDEN
Address: 1304 SE 46TH STREET
City-St-Zip: Ocala, FL 34480 US

Title: MGR
Name: MOWRY, SHAWN A
Address: 5182 SE 39TH LOOP
City-St-Zip: Ocala, FL 34480

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: LADDEN HERRMANN

MGR

04/25/2011

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