

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002479

FILED
Mar 22, 2012
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:

HERRMANN, LADDEN
1304 SE 46TH STREET
OCALA, FL 34480 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: 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: LADDENHERRMANN@HOTMAIL.COM

PR

03/22/2012

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