

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000019847

**FILED**  
**Sep 27, 2012**  
**Secretary of State**

**Entity Name:** SUMMIT ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

670 PINECREST DRIVE  
MIAMI SPRINGS, FL 33166 US

**New Principal Place of Business:**

166 S MELROSE DRIVE  
MIAMI SPRINGS, FL 33166 US

**Current Mailing Address:**

670 PINECREST DRIVE  
MIAMI SPRINGS, FL 33166 US

**New Mailing Address:**

166 S MELROSE DRIVE  
MIAMI SPRINGS, FL 33166 US

**FEI Number:** 27-2032843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AURRECOECHEA, PEDRO M  
670 PINECREST DRIVE  
MIAMI SPRINGS, FL 33166 US

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

AURRECOECHEA, PEDRO M  
166 S MELROSE DRIVE  
MIAMI SPRINGS, FL 33166 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:

09/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AURRECOECHEA, PEDRO M  
Address: 166 S MELROSE DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

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: PEDRO M AURRECOECHEA

MGR

09/27/2012

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