

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041353

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** BARCELLOS ANESTHESIA, LLC

**Current Principal Place of Business:**

8740 SW 204 STREET  
CUTLER BAY, FL 33189 US

**New Principal Place of Business:**

3210 GIFFORD LANE  
MIAMI, FL 33133 US

**Current Mailing Address:**

8740 SW 204 STREET  
CUTLER BAY, FL 33189 US

**New Mailing Address:**

3210 GIFFORD LANE  
MIAMI, FL 33133 US

**FEI Number:** 27-2368927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARCELLOS, ALEXANDRE P  
8740 SW 204 STREET  
CUTLER BAY, FL 33189 US

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

BARCELLOS, ALEXANDRE P  
3210 GIFFORD LANE  
MIAMI, FL 33133 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:

02/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARCELLOS, ALEXANDRE P  
Address: 3210 GIFFORD LANE  
City-St-Zip: MIAMI, FL 33133 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: ALEXANDRE BARCELLOS

MGRM

02/28/2012

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