

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043986

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: FAIRCHILD ANESTHESIA LLC

**Current Principal Place of Business:**

201 MONTGOMERY AVE  
SARASOTA, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

201 MONTGOMERY AVE.  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HERMELEE, BRUCE G  
101 NE 3RD AVENUE  
1110  
FORT LAUDERDALE, FL 33301 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: GROSSMAN, PHILLIP  
Address: 7875 SW 104TH STREET  
City-St-Zip: MIAMI, FL 33156

Title: MGRM  
Name: GROSSMAN, PHILIP MD  
Address: 1321 SW 14TH STREET STE 101  
City-St-Zip: MIAMI, FL 33125

Title: MGRM  
Name: BRAND, BARRY MD  
Address: 6140 SW 70TH STREET 2ND FLOOR  
City-St-Zip: MIAMI, FL 33143

Title: MGRM  
Name: LANOFF, ROBERT MD  
Address: 6140 SW 70TH STREET 2ND FLOOR  
City-St-Zip: MIAMI, FL 33143

Title: MGRM  
Name: PRICE, STEVEN MD  
Address: 1321 NW 14TH ST SUITE 101  
City-St-Zip: MIAMI, FL 33143

Title: MGRM  
Name: ROSENKRANZ, NEIL MD  
Address: 6140 SW 70TH STREET 2ND FLOOR  
City-St-Zip: MIAMI, FL 33143

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: PHILIP GROSSMAN MD

MGM

04/30/2011

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