## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L10000043986

Entity Name: FAIRCHILD ANESTHESIA LLC

FILED Apr 27, 2012 Secretary of State

04/27/2012

Current Principal Place of Business: New Principal Place of Business:

201 MONTGOMERY AVE SARASOTA, FL 33156

Current Mailing Address: New Mailing Address:

201 MONTGOMERY AVE. SARASOTA, FL 34243

FEI Number: 27-2463929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HERMELEE, BRUCE G GROSSMAN, PHILIP
101 NE 3RD AVENUE 7875 SW 104 ST
1110 201

MANUEL 23156 US

FORT LAUDERDALE, FL 33301 US MIAMI, FL 33156 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: PHILIP GROSSMAN MD

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR

Name: GROSSMAN, PHILLIP
Address: 1321 NW 14TH ST SUITE 101

City-St-Zip: MIAMI, FL 33125

Title: MGRM

Name: STAUBER, RONALD MD Address: 7400 N KENDALL DR City-St-Zip: MIAMI, FL 33156

Title: MGRM

Name: BRAND, BARRY MD

Address: 9555 N KENDALL DR SUITE 100

City-St-Zip: MIAMI, FL 33176

Title: MGRM

Name: LANOFF, ROBERT MD Address: 9555 N KENDALL DR SUITE 100

City-St-Zip: MIAMI, FL 33176

Title: MGRM

Name: PRICE, STEVEN MD
Address: 1321 NW 14TH ST SUITE 101

City-St-Zip: MIAMI, FL 33125

Title: MGRM

Name: ROSENKRANZ, NEIL MD Address: 9555 N KENDALL DR SUITE 100

City-St-Zip: MIAMI, FL 33176

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 Statues.

SIGNATURE: PHILIP GROSSMAN MD MGRM 04/27/2012

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