

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061661

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** GULFCOAST ANESTHESIA PARTNERS DIVISION, LLC

**Current Principal Place of Business:**

1901 ULMERTON ROAD  
SUITE 450  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

1901 ULMERTON ROAD  
SUITE 450  
CLEARWATER, FL 33762

**New Mailing Address:**

FEI Number: 27-3182706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AEBEL, ERIN S  
101 E. KENNEDY BLVD.  
SUITE 2800  
TAMPA, FL 33602 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: VALENTINE, DWIGHT  
Address: 1901 ULMERTON ROAD, SUITE 450  
City-St-Zip: CLEARWATER, FL 33762

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: DWIGHT VALENTINE

MGR

03/30/2012

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