

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065137

FILED
Apr 25, 2011
Secretary of State

Entity Name: MANDALORE ANESTHESIA, LLC

Current Principal Place of Business:

6241 ARC WAY
FT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

6241 ARC WAY
FT MYERS, FL 33966

New Mailing Address:

FEI Number: 27-2999815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWINN, CHRISTINA H
1833 HENDRY ST
FT MYERS, FL 33901 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: DIGBY, DOUGLAS S
Address: 6241 ARC WAY
City-St-Zip: FT MYERS, FL 33966

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: DOUGLAS S DIGBY

MGR

04/25/2011

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