

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080795

FILED
Jan 25, 2011
Secretary of State

Entity Name: SBE ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

4700 SHERIDAN STREET, SUITE M
HOLLYWOOD, FL 33021

New Principal Place of Business:

4700 SHERIDAN STREET
SUITE M
HOLLYWOOD, FL 33021

Current Mailing Address:

4700 SHERIDAN STREET, SUITE M
HOLLYWOOD, FL 33021

New Mailing Address:

4700 SHERIDAN STREET
SUITE M
HOLLYWOOD, FL 33021

FEI Number: 27-3162647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHONFELD, WAYNE B M.D.
4700 SHERIDAN STREET, SUITE M
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SCHONFELD, WAYNE B M.D.
4700 SHERIDAN STREET
SUITE M
HOLLYWOOD, FL 33021 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: WAYNE B. SCHONFELD

01/25/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCHONFELD, WAYNE B
Address: 4700 SHERIDAN STREET, SUITE M
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: WEISS, DAVID S
Address: 4700 SHERIDAN STREET, SUITE M
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: MIGICOVSKY, BARRY
Address: 4700 SHERIDAN STREET, SUITE M
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: KANER, JEFFREY B
Address: 4700 SHERIDAN STREET, SUITE M
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: LANOUE, ALIX
Address: 4700 SHERIDAN STREET, SUITE M
City-St-Zip: HOLLYWOOD, FL 33021

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: WAYNE B. SCHONFELD

MGRM

01/25/2011

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