

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000084141

FILED
Apr 29, 2011
Secretary of State

Entity Name: ANESTHESIA HEALTHCARE SOLUTIONS OF NORTH FLORIDA LLC

Current Principal Place of Business:

362 GULF BREEZE PKWY
STE 116
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

201 MONTGOMERY AVE
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 27-3173025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, DAVID W MD
362 GULF BREEZE PKWY
STE 116
GULF BREEZE, FL 32561 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: MGRM
Name: SIMPSON, DAVID W MD
Address: 362 GULF BREEZE PKWY #116
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM
Name: SULLIVAN, BRETT S MD
Address: 362 GULF BREEZE PKWY #116
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM
Name: DOYLE, SEAN MD
Address: 362 GULF BREEZE PKWY #116
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM
Name: BARTER, AARON
Address: 362 GULF BREEZE PKWY #116
City-St-Zip: GULF BREEZE, FL 32561 US

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: DAVID SIMPSON

MGRM

04/29/2011

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