

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000085093

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** IMAS ANESTHESIA CONSULTING LLC

**Current Principal Place of Business:**

5610 BARNA AVE  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

5610 BARNA AVE  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

FEI Number: 27-3243294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRANK, IMAS  
5610 BARNA AVA  
TITUSVILLE, FL 32780 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: IMAS, SVETLANA  
Address: 5610 BARNA AVE  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGRM  
Name: FRANK, IMAS  
Address: 5610 BARNA AVE  
City-St-Zip: TITUSVILLE, FL 32780 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: FRANK IMAS

MGRM

01/18/2012

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