2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: BAY AREA ANESTHESIOLOGY SPECIALISTS, L.L.C.

Current Principal Place of Business:

341 4TH AVENUE SOUTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

6043 WINTROP COMMERCE AVE
RIVERVIEW, FL 33578

Current Mailing Address:

P.O. BOX 627
ST. PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 59-2802600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: HERN, DEDRA L
Address: PO BOX 627
City-St-Zip: ST. PETERSBURG, FL 33731

Title: MGR
Name: BENTON, ERIK
Address: 3839 MISTY LANDING DR
City-St-Zip: VALRICO, FL 33594

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 Statues.

SIGNATURE: DEDRA HERN MGR 04/27/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date