

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088730

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** MOONLIGHT ANESTHESIA, PL

**Current Principal Place of Business:**

2940 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2940 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 27-3524701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUDD, ULRICH, SCARLETT, WHICKMAN & DEAN PA  
2940 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239 US

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

JUDD, ULRICH, SCARLETT, WICKMAN & DEAN PA  
2940 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239 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: JOHN WICKMAN

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LAWSON-BOUCHER, GARY-ANTHONY  
Address: PO BOX 07272  
City-St-Zip: FT MYERS, FL 33919

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: GARY-ANTHONY LAWSON-BOUCHER

MGR

03/23/2011

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