

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000088730

FILED
Feb 27, 2012
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, WICKMAN & DEAN PA
2940 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 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: LENTZ, JEFF
Address: PO BOX 07272
City-St-Zip: FT MYERS, FL 33919

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

Title: SEC
Name: LENTZ, MYRIAM
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: JEFF LENTZ

MGR

02/27/2012

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