

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091483

Entity Name: DR ANESTHESIA, L.L.C.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

505 1ST AVENUE S.  
TIERRA VERDE, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 1ST AVENUE S.  
TIERRA VERDE, FL 33715 US

**New Mailing Address:**

FEI Number: 27-3359269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789 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: NASHED, RAMSES MD  
Address: 505 1ST AVENUE S.  
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGR  
Name: KEPLER, JOHN D MD  
Address: 2718 WEST PRICE AVENUE  
City-St-Zip: TAMPA, FL 33611 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: RAMSES S NASHED

MGR

04/11/2012

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