

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000095490

FILED
Apr 20, 2011
Secretary of State

Entity Name: ABDOMINAL PAIN ANESTHESIA OF FLORIDA, LLC

Current Principal Place of Business:

5700 MIDNIGHT PASS RD
STE 4
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5700 MIDNIGHT PASS RD
STE 4
SARASOTA, FL 34242

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HERMOYIAN, EDWARD J
5700 MIDNIGHT PASS RD
STE 4
SARASOTA, FL 34242 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: NOBACK, CARL R MD
Address: 5700 MIDNIGHT PASS RD, STE 4
City-St-Zip: SARASOTA, FL 34242

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: CARL R. NOBACK, MD MGR 04/20/2011

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