2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2011
Secretary of State

DOCUMENT# L10000107464

Entity Name: ROCKABYE ANESTHESIA, LLC

Current Principal Place of Business:

80 SHORELINE DR.
GULF BREEZE, FL, 32561 US

New Principal Place of Business:

80 SHORELINE DR.
GULF BREEZE,, FL 32561 US

Current Mailing Address:

80 SHORELINE DR.
GULF BREEZE, FL, 32561 US

New Mailing Address:

80 SHORELINE DR.
GULF BREEZE,, FL 32561 US

FEI Number: 27-3695506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCKMAN, ANNA W
80 SHORELINE DR.
GULF BREEZE, FL 32561 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: ROCKMAN, ANNA W
Address: 80 SHORELINE DR.
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM
Name: VESTER, DAVID E
Address: 80 SHORELINE DR.
City-St-Zip: GULF BREEZE, FL 32561 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 Statues.

SIGNATURE: ANNA W ROCKMAN MGR 05/02/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date