2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

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Entity Name: CENTRAL FLORIDA ANESTHESIA SOLUTIONS, LLC

Current Principal Place of Business:

17560 U.S. HIGHWAY 441
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

17560 U.S. HIGHWAY 441
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 80-0663762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVELL, JAMES
17560 U.S. HIGHWAY 441
MT. DORA, FL 32757 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: NOVELL, JAMES
Address: 17650 US HWY 441
City-St-Zip: MT DORA, FL 32757

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: JAMES NOVELL MGR 04/19/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date