

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008791

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** SAFETY HARBOR ANESTHESIA, LLC

**Current Principal Place of Business:**

3280 NORTH MUMULLEN BOOTH ROAD  
SUITE 110  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3280 NORTH MUMULLEN BOOTH ROAD  
SUITE 110  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 27-5246388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEUPREE, DANA  
3280 NORTH MUMULLEN BOOTH ROAD  
SUITE 110  
CLEARWATER, FL 33761 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:** MGMR  
**Name:** DEUPREE, DANA M  
**Address:** 3280 N. MCMULLEN BOOTH RD., SUITE 110  
**City-St-Zip:** CLEARWATER, FL 33761

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: DANA M. DEUPREE

MGMR

04/10/2012

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