

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000009035

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** PASADENA ANESTHESIA ASSOCIATES LLC

**Current Principal Place of Business:**

1609 SOUTH PASADENA AVENUE, SUITE 3M  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

201 MONTGOMERY AVENUE  
SARASOTA, FL 34243

**New Mailing Address:**

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

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

TK REGISTERED AGENT, INC  
101 EAST KENNEDY BLVD., SUITE 2700  
TAMPA, FL 33602 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: MGRM  
Name: BONTEMPS, ERNST MD  
Address: 201 MONTGOMERY AVE.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM  
Name: FUOCO, GLENN S DO  
Address: 201 MONTGOMERY AVE.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM  
Name: SCHEINERT, SHELDON L MD  
Address: 201 MONTGOMERY AVE.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM  
Name: SMITH, MICHAEL J MD  
Address: 201 MONTGOMERY AVE.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM  
Name: WHARTON, JR., ROBERT H MD  
Address: 201 MONTGOMERY AVE.  
City-St-Zip: SARASOTA, FL 34243

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: SHELDON L. SCHEINERT, MD

MGRM

04/19/2012

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