

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000027548

FILED
Apr 04, 2012
Secretary of State

Entity Name: TRIANGLE ANESTHESIA LLC

Current Principal Place of Business:

1802 BUENA VISTA DR.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

1802 BUENA VISTA DR.
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 27-5391251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRICAULT, ROGER J
1802 BUENA VISTA DR.
EUSTIS, FL 32726 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: BRICAULT, ROGER J
Address: 1802 BUENA VISTA DR.
City-St-Zip: EUSTIS, FL 32726

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: R. J. BRICAULT

MR.

04/04/2012

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