

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000030866

**FILED**  
**Jul 09, 2012**  
**Secretary of State**

**Entity Name:** MOBILE ANESTHESIOLOGISTS OF FLORIDA, LLC

**Current Principal Place of Business:**

3894 MANNIX DRIVE UNIT 206  
NAPLES, FL 34114

**New Principal Place of Business:**

4584 MERCANTILE AVE.  
SUITE B  
NAPLES, FL 34104

**Current Mailing Address:**

3894 MANNIX DRIVE UNIT 206  
NAPLES, FL 34114

**New Mailing Address:**

4584 MERCANTILE AVE.  
SUITE B  
NAPLES, FL 34104

**FEI Number:** 45-1256256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARLICK, THOMAS B ESQ  
9115 CORSEA DEL FONTANA WAY  
SUITE 100  
NAPLES, FL 34109 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: MOBILE ANESTHESIOLOGISTS OF FLORIDA INC.  
Address: 4584 MERCANTILE AVE., SUITE B  
City-St-Zip: NAPLES, FL 34104

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: STEVEN F. WOODRING, DO

PRES

07/09/2012

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