2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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Entity Name: AMBULATORY ANESTHESIA PARTNERS, LLC

Current Principal Place of Business:

8810 SW 45TH BLVD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

8810 SW 45TH BLVD
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 45-1256985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOWNEY, KEVIN I
2631 NW 41ST STREET STE B
GAINESVILLE, FL 32606 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: DR.
Name: DOYLE, WILLIAM A
Address: 8810 SW 45TH BLVD
City-St-Zip: GAINESVILLE, FL 32608

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: WILLIAM A. DOYLE DR. 01/04/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date