

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000071273

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** TRADEWINDS ANESTHESIA LLC

**Current Principal Place of Business:**

127 YACHT CLUB LN  
TIERRA VERDE, FL 33715

**New Principal Place of Business:**

**Current Mailing Address:**

127 YACHT CLUB LN  
TIERRA VERDE, FL 33715

**New Mailing Address:**

**FEI Number:** 45-2313380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SULLIVAN, MARYELLEN  
2781 COTTONWOOD CT.  
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: MGRM  
Name: SULLIVAN, KEVIN  
Address: 127 YACHT CLUB LN  
City-St-Zip: TIERRA VERDE, FL 33715

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: KEVIN SULLIVAN

MGRM

03/19/2012

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