2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# L11000087090

Entity Name: SPLINTER ANESTHESIA SERVICES LLC

Current Principal Place of Business:

6322 GUNN HWY
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

6322 GUNN HWY
TAMPA, FL 33625

New Mailing Address:

FEI Number: 45-2852908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIEL, HELENE L ESQ
6322 GUNN HWY
TAMPA, FL 33625 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: MGR
Name: NUCCI, ROBERT
Address: 6322 GUNN HWY
City-St-Zip: TAMPA, FL 33625

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: ROBERT C NUCCI MGR 04/19/2012

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