

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000128278

FILED
Apr 12, 2012
Secretary of State

Entity Name: SAND LAKE ANESTHESIA PROVIDERS LLC

Current Principal Place of Business:

7477 SAND LAKE COMMONS BLVD.
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7477 SAND LAKE COMMONS BLVD.
ORLANDO, FL 32819

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 S MAGNOLIA AVE.
SUITE 125
TAMPA, FL 33606 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: SAPP, JEFFERY
Address: 2912 CARL TERRACE
City-St-Zip: ORLANDO, FL 32804

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: NANCY K. KASNTER

PTNR

04/12/2012

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