

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000141694

FILED
Feb 22, 2012
Secretary of State

Entity Name: ORANGE CITY ANESTHESIA, LLC

Current Principal Place of Business:

9430 NW 19TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

9430 NW 19TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 38-3868401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUPTA, VISHAL
2728 ENTERPRISE ROAD
SUITE 100
ORANGE CITY, FL 32763 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: GUPTA, VISHAL
Address: 9430 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR
Name: GUPTA, ANJALI
Address: 9430 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: VISHAL GUPTA

MGR

02/22/2012

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