

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000236

FILED
Mar 04, 2010
Secretary of State

Entity Name: ANESTHESIOLOGY AND PAIN MANAGEMENT CONSULTANTS, L.C.

Current Principal Place of Business:

1543 LAKELAND HILLS BLVD.
SUITE 10
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1900
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3246722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOURNET, KEITH G PRES.
11114 BRIDGE HOUSE RD
WINDERMERE, FL 34786 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: FOURNET, KEITH G
Address: 11114 BRIDGE HOUSE RD
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM
Name: FOURNET, KEVIN M
Address: 9211 TIBET POINTE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM
Name: SIMEON, RICARDO M
Address: 5210 HIGHLANDS LAKEVIEW LOOP
City-St-Zip: LAKELAND, FL 33813

Title: MGRM
Name: GAMEL, GRANT R
Address: 1904 SWEET BAY COURT
City-St-Zip: PLANT CITY, FL 33567

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: KEITH G FOURNET

PRES

03/04/2010

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