

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002018

**FILED**  
**May 07, 2012**  
**Secretary of State**

**Entity Name:** NORTHWOOD ANESTHESIA ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

2154 DUCK SLOUGH BLVD., SUITE 101  
TRINITY, FL 34655

**New Principal Place of Business:**

6200 S. SYRACUSE WAY STE 2600  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

2154 DUCK SLOUGH BLVD., SUITE 101  
TRINITY, FL 34655

**New Mailing Address:**

6200 S. SYRACUSE WAY STE 2600  
GREENWOOD VILLAGE, CO 80111

**FEI Number:** 65-0909229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARTENBACH, WILLIAM N MD  
2154 DUCK SLOUGH BLVD., SUITE 101  
TRINITY, FL 34655 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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: MAUREEN CATHELL

05/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EMCARE, INC.  
Address: 6200 S. SYRACUSE WAY STE 2600  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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: TODD ZIMMERMAN

PS

05/07/2012

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