

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003778

FILED
Jul 19, 2010
Secretary of State

Entity Name: ANESTHESIA NETWORK SERVICES, LLC

Current Principal Place of Business:

700 SOUTH PARKER DRIVE, SUITE 7
FLORENCE, SC 29501

New Principal Place of Business:

Current Mailing Address:

700 SOUTH PARKER DRIVE, SUITE 7
FLORENCE, SC 29501

New Mailing Address:

FEI Number: 27-0891477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ALLEN, LANORA
Address: 700 SOUTH PARKER DRIVE, SUITE 7
City-St-Zip: FLORENCE, SC 29501

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: LANORA ALLEN

CEO

07/19/2010

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