2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

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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:

700 SOUTH PARKER DRIVE, SUITE 8
FLORENCE, SC 29501

Current Mailing Address:

700 SOUTH PARKER DRIVE, SUITE 7
FLORENCE, SC 29501

New Mailing Address:

700 SOUTH PARKER DRIVE, SUITE 8
FLORENCE, SC 29501

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: CEO
Name: ALLEN, LANORA
Address: 700 SOUTH PARKER DRIVE, SUITE 8
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 Statues.

SIGNATURE: LANORA ALLEN CEO 03/16/2011

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