

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003778

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ANESTHESIA NETWORK SERVICES, LLC

**Current Principal Place of Business:**

700 SOUTH PARKER DRIVE, SUITE 8  
FLORENCE, SC 29501

**New Principal Place of Business:**

**Current Mailing Address:**

700 SOUTH PARKER DRIVE, SUITE 8  
FLORENCE, SC 29501

**New Mailing Address:**

FEI Number: 27-0891477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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 Statutes.

SIGNATURE: LANORA ALLEN

CEO

01/05/2012

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