

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006334

FILED
Apr 19, 2012
Secretary of State

Entity Name: DESERT OASIS ANESTHESIOLOGY, LLC

Current Principal Place of Business:

6453 INDIGO BUNTING PLACE
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

Current Mailing Address:

6453 INDIGO BUNTING PLACE
LAKEWOOD RANCH, FL 34202

New Mailing Address:

FEI Number: 26-0314994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DANIEL P
6453 INDIGO BUNTING PLACE
LAKEWOOD RANCH, FL 34202 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: SMITH, DANIEL P
Address: 6453 INDIGO BUNTING PLACE
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: DANIEL P SMITH

MGR

04/19/2012

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